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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

<u>A I</u>	or th	e 2017 calendar year, or tax year beginning	and	ending		
В	heck if	C Name of organization			D Employer identific	cation number
а	pplicab	MEDICAL DENTAL STAFF OF JER	RSEY CITY			
	_Addre	MEDICAL CENTER INC				
	Name chang	e Doing business as			1 81-0	606548
$\overline{}$	Initial		street address)	Room/suite	E Telephone number	
F	Final	255 CDAND CMDERM	, a doi: addition)	11001100110		915-2505
_	⊣return termir ated		reign postal code		G Gross receipts \$	218131.
_	Amen	ded TEDOEN OTHER NET 07202	reign postal code			
=	_lretum ]Applic _tion		TT T TT TATIONT		H(a) Is this a group re	
<u> </u>	⊒tion pendi	ng I	TUTTUTUENT		for subordinates	
		SAME AS C ABOVE		T-123.7	H(b) Are all subordinates in	
		empt status:501(c)(3)X501(c)(_6) ◀ (inser	rt no.) 4947(a)(1)	or (52/	15	list. (see instructions)
		te: ► N/A	<del></del>		H(c) Group exemptio	
		organization: X Corporation Trust Association	Other	L Year	of formation: 2003 N	A State of legal domicile: NJ
P	art I	Summary		<u> </u>		
ø	1	Briefly describe the organization's mission or most significa				
াও Activities & Governance		QUALITY MEDICAL CARE; TO PROMO	OTE PROFESS	IONAL	INTERESTS;	TO ADVANCE
Ĕ	2	Check this box 🕨 📖 if the organization discontinued it	ts operations or dispo	sed of more	than 25% of its net as	ssets.
Š	3	Number of voting members of the governing body (Part VI,	line 1a)		3	25
5	4	Number of independent voting members of the governing b	oody (Part VI, line 1b)		4	0
S	5	Total number of individuals employed in calendar year 2017	7 (Part V, line 2a)	•	5	0
ŧ	6	Total number of volunteers (estimate if necessary)			6	0
, <del>[</del>	7 a	Total unrelated business revenue from Part VIII, column (C)	RECEIVED	1	7a	0.
<b>A</b>	b	Net unrelated business taxable income from Form 990-T, lir	ne 34	၂ပ္ပ	7b	0.
			MAR 1 3 2018		Prior Year	Current Year
<b>o</b>	8	Contributions and grants (Part VIII, line 1h)	MAK 1 3 2010		167102.	217675.
<b>₽</b>	9	Program service revenue (Part VIII, line 2g)			0.	0.
<b>₹</b>			OGDEN <u>, ES</u>	ہ ال⊢	1661.	456.
MAY OR		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		· · ·   —		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c		├	0.	0.
Expenses ANNELD	12	Total revenue - add lines 8 through 11 (must equal Part VIII,			168763.	218131.
	13	Grants and similar amounts paid (Part IX, column (A), lines		<u> </u>	18800.	35600.
7	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, c	olumn (A), lines 5-10)		10000.	10000.
S.	16a	Professional fundraising fees (Part IX, column (A), line 11e)			<u>0.</u>	<u> </u>
ğ	b	Total fundraising expenses (Part IX, column (D), line 25)	▶	0.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e	)		<u>69291.</u>	85349.
	18	Total expenses Add lines 13-17 (must equal Part IX, colum	n (A), line 25)		98091.	130949.
	19	Revenue less expenses. Subtract line 18 from line 12			70672.	87182.
Sec				Ве	ginning of Current Year	End of Year
ages Faren	20	Total assets (Part X, line 16)			858265.	945447.
ASS	21	Total liabilities (Part X, line 26)			0.	0.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		·	858265.	945447.
Pa	irt II	Signature Block	<del> </del>		0502051	<u> </u>
		ulties of perjury, I declare that I have examined this return, including	accompanying schedule	es and statem	ents and to the best of m	w knowledge and helief it is
		ct, and complete. Declaration of preparet (other than officer) is base			-	iy kilowicago alia bolloi, it is
440	, 00//0	L CAN COMPLETE DECLARATION OF PERSON CHANGE IN ALL OF ONCO 1/15 DASC	on an information of w	ilicii picpaici	3/7/18	
o:	_	Signature of officer			Date	
Sig		<b>'</b>			Date	
Her	е	RAO S MILLILINENI, SECRETAI	RY-TREASURE	<u> </u>		
		<del>                                     </del>			Data Tai I	DTIN
	_		's signature	i	Date Check	PTIN
Paid		S GROVER CPA	24	(0	02/05/18 self-employ	
•	arer	Firm's name S. GROVER, CPA, LLC			Firm's EIN	<u>47-4791035</u>
Use	Only	· · · · · · · · · · · · · · · · · · ·	SUITE 7		Ì	
_		EDISON, NJ 08820			Phone no. 73	2.549.4620
May	the I	RS discuss this return with the preparer shown above? (see	instructions)			X Yes No
7220	01 11 /	18.17 I HA For Panerwork Reduction Act Notice see the		ione		Form 990 (2017)

Form **990** (2017)

81-0606548 Page 3 Form 990 (2017) MEDICAL CENTER INC
Part IV Checklist of Required Schedules

	1		Yes	<u>No</u> _
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		<u>X</u> _
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_		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		i	l
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_	<u>X</u>	<del></del>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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,	_		<b></b>
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<u>-7</u> _		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			77
_	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			ĺ
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
	If "Yes," complete Schedule D, Part IV	_9_		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		x
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	•		
а	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	110	32	_
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110	·	
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	L	<u>X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		1	1
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13_		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	L	<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		ļ	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	Ì		l
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	[		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<b> </b>	<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	1	]	J
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<del>  -</del>	<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
4.	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	$\vdash$	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_ v
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	<del> </del>	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	}	x
	Complete Generale G. Falt III		000	(2017)

Form 990 (2017)

Form 990 (2017) MEDICAL CENTER INC
Part IV Checklist of Required Schedules (continued)

	·	]	Yes	No
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u></u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			1
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	_X_	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			1
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	Į ,		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u>X</u>
<b>24</b> a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			1
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		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	l ,		
	any tax-exempt bonds?	24c		<u> </u>
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<b>-</b>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1		1
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		l	ļ
	Schedule L, Part I	25b	<u> </u>	├
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or		}	
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"		ļ	
	complete Schedule L, Part II	26	<u> </u>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		1	
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			x
00	of any of these persons? If "Yes," complete Schedule L, Part III	27	-	<b>├</b> ^
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	Instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, or key employee? If "Ves." complete Schedule I. Part IV	28a		x
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	<del>  -</del>	X
0	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200	<del>                                     </del>	<del>                                     </del>
С	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	1	<u>x</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			<del> </del>
•	contributions? If "Yes," complete Schedule M	30	ì	x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			<u> </u>
	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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	<u> </u>	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		1	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	<u> </u>
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		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-	1	1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	┸
		Form	1990	(2017)

Enter the number reported in Box 3 of Form 1986. Enter 0- if not applicable    Enter the number of Forms W-26 included in line 1s. Enter-0- if not applicable   Enter the number of Forms W-26 included in line 1s. Enter-0- if not applicable   Did the organization comply with backing withholding rules for reportable pamments to vendors and reportable gaming (gamining) withinings to prize withholding rules for reportable pamments to vendors and reportable gamining (gamining) withinings to prize withinings on Form 1985. Transmitted of Wage and Tax Statements, filed for the calendary year ending with or within the year covered by this return   Did Hall teast one is reported on line 2s, did the organization file all required federal employment tax returns?   Did Hall teast one is reported on line 2s, did the organization file all required federal employment tax returns?   Did Hall teast one is reported on line 2s, did the organization file all required federal employment tax returns?   Did Hall teast one is reported on line 2s, did the organization file all required federal employment tax returns?   Did Hall teast one is reported on line 2s, did the organization in Schoolube 0   Did Hall teast one is reported on line 2s, did the organization in Schoolube 0   Did Hall teast one is reported to extend the schoolube account; or signature or other authority over, a financial account; or the returns of the foreign country; line 1s as bent account, or other financial account; or the returns of the foreign country; line 1s as bent account, or other financial account; or the schoolube accountry of the organization or part to a prohibited tax where transaction accountry of the organization or part to a prohibited tax sheller transaction at any time dumpy the tax year?   So   X		Check if Schedule O contains a response or note to any line in this Part V				
1s Enter the number reported in Box 3 of Form 1098. Enter- 0: In rot applicable  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) wrinings to prize withmers?  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  If it all east one is reported on the 26, did the organization the all irespired deleval employment tax returns?  Note. If the sum of fines 1s and 2s is greater than 250, you may be required to e-file (see instructions)  3 bid the organization have unrelated business gross income of \$1,000 or more during the year?  3 bid 1ft vega related business gross income of \$1,000 or more during the year?  3 bid 1ft vega related business gross income of \$1,000 or more during the year?  3 bid 1ft vega related business gross income of \$1,000 or more during the year?  3 bid 1ft vega related business gross income of \$1,000 or more during the year?  3 bid 1ft vega related business gross income of \$1,000 or more during the year?  3 bid 1ft vega related business gross income of \$1,000 or more during the year?  4 bid 1ft vega filed fi			<u></u>		Yes	No
b Enter the number of Forms W2G included in Ine 1a. Enter 0-it not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (gambling) winnings to prize winners?  2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, fleed for the celendary sear ending with or within the year covered by this return  5 It is teast one is reported on line 2a, did the organization file all required federal employment tax returns?  8 It is teast one is reported on line 2a, did the organization file all required federal employment tax returns?  8 It is teast one is reported on line 2a, did the organization file all required federal employment tax returns?  8 It is warring to the organization have unrelated business gross income of \$1,000 or more during the year?  9 It is warring to the organization have unrelated business gross income of \$1,000 or more during the year?  9 It is the organization have unrelated business gross income of \$1,000 or more during the year?  9 It is the organization have unrelated business gross income of \$1,000 or more during the year?  9 It is the organization at party to a prohibited tax shale account; securities account, or other francal accounts?  9 It is old any textile party nority in organization shale foreign bank and Financial Accounts (FBAR).  9 It is old any textile party nority in organization file Form 8886-17  9 It is old any textile party nority the organization that it was or is a party to a prohibited tax shelter transaction?  9 It is old the organization have armusing gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles or contributions?  9 It is old to organization shell with organization file forms 8886-17  10 If the organization shell with organization file forms 8886-17  11 It is officially the organization shell with organization file forms shell be party organization file forms shell be party o	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0			
c Dit the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gamibling) workings to pitz as withness?  2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return  3b It at least one is reported on line 2a, did the organization file 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 (see instructions)  3c Did the organization have unrelated business gross income of \$1,000 or more during the vear?  3c Did the organization have unrelated business gross income of \$1,000 or more during the report over, a financial account; a foreign country (such as a bank account, securities account, or other financial account; or the financial account in a foreign country.  4c At any time the name of the foreign country.  5c If Yes, 1 foreign an aprity to a prohibited tax shelter transaction at any time during the tax year?  5c If Yes, 1 foreign an aprity to a prohibited tax shelter transaction at any time during the tax year?  5c If Yes, 1 foreign and the organization that it was or is a party to a prohibited tax shelter transaction?  6c If Yes, 1 foreign and the organization in that it was or is a party to a prohibited tax shelter transaction?  6c If Yes, 1 foreign and the organization file form 8886-17  6d Does the organization have not tax deductible as charitable contributions?  6d If Yes, 1 foreign that the very not tax deductible as charitable contributions?  6d If Yes, 1 foreign that the very not tax deductible contributions under section 170(c).  6d If Yes, 2 foreign that the very not tax deductible contribution of a party as a contribution and party for goods and services provided to the payor?  7d If Yes, 2 foreign that the very not premistrial organization and party for goods and services provided to the payor.  7d If Yes, 3 foreign that the very not premistrial f		· · · · · · · · · · · · · · · · · · ·	<del></del>	1		
Gambling) wrnnings 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 a least one is reported on line 2a, did the organization file all required federal employment tax returns?  3 b Id the organization have unrelated business gross income of \$1,000 or more during the year?  3 b If If Yea, I have if filed a Form 990-1 for this year If I who, I fail in 83, provide an explanation in Schedule O  4 a At any time during the calendar year, did the organization have an interest in, or a signisture 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 Yea, I when the name of the foreign country.  6 b See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5 a Was the organization a party to a prohibed tax shelter transaction at any time during the tax year?  5 c If Yea, I to line Sa or Sb, did the organization that it was or is a party to a prohibed atx shelter transaction?  6 c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of a contributions?  7 b If Yea, I did the organization neclude with every solicitation an express statement that such contributions or gifts were not tax deductibles on tax deductibles on a contribution of the property of the organization series apparent in excess \$15 made party as a contribution or apparent organization series apparent in excess \$15 made party as a contribution of apparent party or goods and services provided?  7 to granizations that many receive deductible contributions under section 170(c).  8 of the organization receive a springer in excess \$15 made party as a contribution of party to party the property of the organization receive a springer in excess \$15	c	• • • • • • • • • • • • • • • • • • • •	portable gaming	1		
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, lifed for the calendary year ending with or within the year covered by this return  1b if at least one is reported on line 2e, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1a and 2 a is greater than 250, you may be required to e-file (see instructions)  3a Is the organization have unrelated business gross income of \$1,000 or more during the year?  3a A any time during the calendary ear, did the organization file 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 in or foreign country (such as a bank account, securities account, or other financial account in foreign country (such as a bank account, securities account, or other financial account in foreign country (such as a bank account, securities account, or other financial account in foreign country (such as a bank account, securities account, or other financial account in foreign country (such as a bank account, securities account, or other financial account in foreign country (such as a bank account, securities and financial account in file from the foreign country.  5a Was the organization are foreign country.  5b If "Yes," to line 5a or 5b, did the organization file Foreign 8888-17  5c If "Yes," to line 5a or 5b, did the organization file Foreign 8888-17  5c If "Yes," to line the organization had it was or a party to a prohibited tax sheter transaction?  5c If "Yes," to line the organization had it was or a party to a prohibited tax sheter transaction?  5c If "Yes," to line the organization had it was or the party organization file organization fi				1c	İ	
tiled for the calendar year ending with or within the year covered by this return  bit at least one is reported on the 2.0, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1 and 2 als ignates than 250, you may be required to e-file (see instructions)  3a. Did the organization have unrelated business gross known of \$1,000 or more during the year?  5a. By If Yea, 'has 1 filed a Form 990 17 or this year? If 'No, 'to line 3b, provide an explanation in Schedule O  5a. Any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account) a foreign country. ►  5a. 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. ►  5a. West the organization and party to a prohibited tax shelter transaction at any time during the tax year?  5b. West the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c. West the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6c. West the organization than annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles?  6c. Ay the second of the properties	2a					
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a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b if "Yes," did the organization notify the donor of the value of the goods or services provided?  7b   Cold the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? filed during the year  b if "Yes," indicate the number of Forms 8282 filed during the year  c 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 If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f If the organization exceived a contribution of qualified intellectual property, did the organization file a Form 1098-C7  f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7  f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7  f Did the organization mack and standard form of the year?  Seponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a initiation fees and capital contributions included on Part Vill, line 12  b Gross income from members or shareholders  Gross income from members or shareholders  b Gross income from members or shareholders  c Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received or accrued during the year  11b		• • • • • • • • • • • • • • • • • • • •		_6b		<u> </u>
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Form 990 (2017) MEDICAL CENTER INC 81-0606548 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Chack if Schoolule O contains a reasonage or note to any line in this Bort VI			$\mathbf{x}$
500	Check if Schedule O contains a response or note to any line in this Part VI			لما
Sec	tion A. Governing Body and Management		V 1	NI-
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 25	i i	]	
	If there are material differences in voting rights among members of the governing body, or if the governing	} }	<u> </u>	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.	ll	ļ	
Ь	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		]	
	officer, director, trustee, or key employee?	2		<u>X</u>
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_		<u>X</u> _
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		_X_
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		_	
_	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		-	<del></del> -
_		8a	X	
a _		8b	X	
ь	Each committee with authority to act on behalf of the governing body?	00	•	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			x _
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
<u>3ec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			r <del></del> -
			Yes	No
10a		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			ļ
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	<u> </u>	<b></b> -
11a		11a	X	<b> </b> -
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b_		L
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c		<u> </u>
13	Did the organization have a written whistleblower policy?	13		X
14	Did 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		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, 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	1	1	
	taxable entity during the year?	16a		x
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			<del> </del> -
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		,	
	exempt status with respect to such arrangements?	16b	ĺ	
Sec	tion C. Disclosure	100		
	List the states with which a copy of this Form 990 is required to be filed NONE			
17 10		availat		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avdiidE	Л <del>О</del>	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)	_1 et :		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	a tinan	icial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	<u>DIRECTOR - 201-915-2505</u>			
	355 GRAND STREET, JERSEY CITY, NJ 07302			

732006 11-28-17

MEDICAL	CENTER	TNC

81-0606548

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. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- 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) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) IGNATIUS SCALIA DMD	4.00							4000		•
PRESIDENT		-	<u> </u>					10000.	0.	0
(2) RAO MIKKILINENI MD	0.00		1				,	•	•	0
SEC-TREASURER '	0.00	-		-			_	0.	0.	0
(3) MICHAEL PHAM MD VICE PRESIDENT	0.00	1						0.	0.	0
VICE PRESIDENT									<u> </u>	
	_		_							
		-					_			
		-								
<del></del>										
		_	_	 		_				
		_		_		_				
						_				

Form **990** (2017)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Form 990		AL CENTE	R INC		<u>-</u>	<u>81-0606</u>	548 Page 9
Part VI	II Statement of Rever	nue					
	Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII (A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under
					revenue	revenue	sections 512 - 514
1 a		1a			ľ		
·   [호면	Membership dues	1b	197675.				
₹ <u>₹</u>	Fundraising events	1c			]		Ì
G 🖺 🖰	Related organizations	ione) 1d			1		1
	<ul> <li>Government grants (contribut</li> <li>All other contributions, gifts, gran</li> </ul>				1		j
मू मू	similar amounts not included abo		20000.		}		1
털	Noncash contributions included in lines		20000.		1		ľ
9 8 8	Total. Add lines 1a-1f			217675.	1		}
			Business Code				
8 2 a	i						
Program Service Revenue							
	·						
	i						Ļ
<u>စို့</u>   ဧ	·		ļ		<del>   </del>		<del> </del>
	All other program service reve	enue	L				<del> </del>
	Total. Add lines 2a-2f		- P				ļ
3	Investment income (including other similar amounts)	aiviaenas, intere	est, and	456.	456.		1
4	Income from investment of ta	 x-exempt bond n	roceeds	450.	430.		<del> </del>
5	Royalties	x-exempt bond p	D				<del>                                     </del>
		(i) Real	(ii) Personal				<del> </del>
6 a	Gross rents	<u> </u>			1		
l t	Less: rental expenses						
0	Rental income or (loss)						
6	Net rental income or (loss)	<u> </u>	. ▶				
7 a	Gross amount from sales of	(i) Securities	(ii) Other				
	assets other than inventory	ļ					ļ
	Less: cost or other basis						
	and sales expenses	<del></del>	<del> </del>				
I	Gain or (loss)  Net gain or (loss)	L———	<del>'</del>				
ء ما	Gross income from fundraisin	.a events (not			<del>   </del>		<u> </u>
<b>a</b>	including \$	•			ì		
eve	contributions reported on line		)				
<u>د</u>	Part IV, line 18	. a	\		1		
Other Revenue	Less: direct expenses	b					
_ C	Net income or (loss) from fund	_	<b>_</b>				<b> </b>
9 a	a Gross income from gaming ad	ctivities. See	}				
	Part IV, line 19	a	<b> </b>		}		1
	<ul> <li>Less: direct expenses</li> <li>Net income or (loss) from gan</li> </ul>	b	L				
	Gross sales of inventory, less	•	<u> </u>		<del> </del>		<del> </del>
10 8	and allowances	a	ļ (				
	Less: cost of goods sold	. a	<del></del>		ļ .		
1	Net income or (loss) from sale	<del></del>	<b>•</b>		į (		
	Miscellaneous Revenu		Business Code				
11 a	9				<u> </u>		<u> </u>
t							
•					ļ		<del> </del>
	All other revenue		L				<del> </del>
	Total, Add lines 11a-11d	•		210121	150		<del> </del>
732009 11-2	Total revenue. See instructions.			218131.	456.	0	Form <b>990</b> (2017)

Form 990 (2017) MEDICAL CENTER
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com			mplete column (A).	<del> </del>
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	35600.	35600.		
2	Grants and other assistance to domestic			-	
	ındıviduals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign			ĺ	
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	10000.		10000.	
6	Compensation not included above, to disqualified			}	
	persons (as defined under section 4958(f)(1)) and			1	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
ь	Legal			2050	
C	Accounting	3850.		3850.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
T	Investment management fees				
8	Other. (If line 11g amount exceeds 10% of line 25,				
40	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion Office expenses				
13 14	Information technology				
15	Royalties				
16	Occupancy	<del></del>			
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	Ì	•		
19	Conferences, conventions, and meetings	45240.		45240.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	16146.			
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)		į		
а	EVALUATION FEES	9444.		9444.	
Ь	GIFTS, FELICITATIONS &	7442.		7442.	
c	MEALS AND ENTERTAINMENT	2308.		2308.	
d	MISCELLANEOUS OFFICE EX	865.		865.	
e	All other expenses	54.		54.	
25	Total functional expenses. Add lines 1 through 24e	130949.	35600.	79203.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined		į		
	educational campaign and fundraising solicitation.				
	Check here rf following SOP 98-2 (ASC 958-720)				

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 375244. 468171. Cash · non-interest-bearing 470532. 470962. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 8 10a Land, buildings, and equipment: cost or other 74964. basis. Complete Part VI of Schedule D 10a 6050. 12225. **b** Less: accumulated depreciation 10b 68914. 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 264 264. 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 945447 858265 Total assets. Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses 17 17 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 0. 0. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 0. 30 0. 0. 31 Paid-in or capital surplus, or land, building, or equipment fund 31 858265. 945447. 32 Retained earnings, endowment, accumulated income, or other funds 32 945447. 858265. 33 Total net assets or fund balances 858265. 945447. Total liabilities and net assets/fund balances

#### SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

2017

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

<ul> <li>Section 501(c)(4), (5),</li> </ul>	or (6) organizat	ions: Complete	e Part III.						
Name of organization				OF	JERSEY CIT	Ϋ́	Empl	oyer identific	ation number
	MEDICAL						<u> </u>	81 <u>-060</u>	
Part I-A Comple	te if the org	anization is	s exempt	unde	r section 501(c)	or is a section	527 o	rganizatior	)
Provide a description     Political campaign ac     Volunteer hours for p	ctivity expendito	ures gn activities	- 	· 			<b>&gt;</b> \$		
Part I-B Comple						(3).			
1 Enter the amount of	any excise tax	incu <del>rre</del> d by the	e organizatio	on unde	r section 4955		▶\$		
2 Enter the amount of	any excise tax	incurred by org	ganization m	nanagen	s under section 495	5	▶\$		
3 If the organization in	curred a section	n 4955 tax, did	t file Form	4720 fc	r this year?	, ,		L Yes	s L No
4a Was a correction ma	•							L Yes	s L No
b If "Yes," describe in				<u>1</u>		<del></del>	=041	-1/2/	
<del></del>						), except section			
1 Enter the amount dir			-		•	•	▶\$		
2 Enter the amount of		ization's funds	contributed	to othe	er organizations for s	section 527			
exempt function acti	•						▶\$		
3 Total exempt functio	n expenditures	. Add lines 1 a	nd 2. Enter i	here an	d on Form 1120-POI	L-,			
line 17b		4400 001 6	41-1			-	<b>&gt;</b> \$		<del></del>
4 Did the filing organiza			-	(CINI)				Yet	s L No
5 Enter the names, add made payments. For									
contributions receive	_	·						•	
political action comn	•		-		•	•	оори.ч	oog.oga.oa	,
(a) Name	<del></del>	(b)	Address		(c) EIN	(d) Amount paid	from	(e) Amoun	t of political
(a) Hamo	ì	(5)	71001033		(6) 2.114	filing organizat			s received and
						funds. If none, er	nter -0		and directly
						1			o a separate rganization.
									enter -0
	!							[	
								T	
								ł	
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			- <del></del>						
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	)				Ì	1		1	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2017

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Schedule C (Form 990 or 990-EZ) 2017 M	EDIC	AL CEN	TER INC		81-	0606548 Page 2
Part II-A Complete if the organic section 501(h)).	inizatio	n is exei	mpt under section	n 501(c)(3) and file	ed Form 5/68 (e	election under
<del></del>	<del></del>		<del> </del>	<del></del>		
				Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and share			•			
Limits	on Lobb	ying Expe			(a) Filing organization's	(b) Affiliated group totals
(The term "expendi	tures" m	eans amou	ints paid or incurred.)		totals	
1a Total lobbying expenditures to influe	ence publ	ıc opinıon (	grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influe	ence a leg	islative boo	dy (direct lobbying)			
c Total lobbying expenditures (add lin	es 1a and	i 1b)		[		
d Other exempt purpose expenditures	s .			[		
e Total exempt purpose expenditures	(add line	s 1c and 1d	d)			
f Lobbying nontaxable amount. Enter	the amo	unt from the	e following table in bot	h columns.		
If the amount on line 1e, column (a) or	(b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000	000	\$100,00	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,50	0,000	\$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	00,000	\$225,00	0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,	000.			
g Grassroots nontaxable amount (ent	er 25% of	f line 1f)				<del></del>
h Subtract line 1g from line 1a If zero	or less, e	nter -0-				
i Subtract line 1f from line 1c. If zero	or less, eı	nter -0-		[		<u> </u>
j If there is an amount other than zero	on eithe	r line 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this y	ear?	<del></del>	· <del></del>	·	·	Yes No
(Some organizations th			eraging Period Under 01(h) election do not	• •	of the five columns	below.
(			ate instructions for li	•		
	Lobb	ying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	2014	<b>(b)</b> 2015	(c) 2016	( <b>d</b> ) 2017	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount				<del> </del>		<del> </del>
(150% of line 2a, column(e))						
(10070 01 1110 22, coldini(0))			<del> </del>		<del> </del>	<del> </del>
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots celling amount				<del>  </del>		<del> </del>
(150% of line 2d, column (e))						
f Grassroots lobbying expenditures				<u> </u>		

Schedule C (Form 990 or 990-EZ) 2017

# Schedule C (Form 990 or 990-EZ) 2017 MEDICAL CENTER INC 81-060654 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or retreatoum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mallings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  j Total. Add lines 1c through 1:  a Did the admonstrations, seminars, conventions of the section 4912  c if "Yes," enter the amount of any tax incurred by organization managers under section 4912  d If the filing organization incurred a section 4912 tax, did it life Form 472 to this year?  Part III-A] Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or set 501(c)(6) and granization make only in-house lobbying expenditures of \$2,000 or less?  3 Did the organization make only in-house lobbying expenditures of \$2,000 or less?  3 Did the organization make only in-house lobbying expenditures of \$2,000 or less?  3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?  1 Dues, assessments and similar amounts from members section 501(c)(6) and feither (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Par answered "Yes."  1 Dues, assessments and similar amounts from members section 507(c)(6), section 501(c)(6) and feither (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Par answered "Yes."  1 Dues, assessments and smilar amounts from members section 507(c)(6) and feither (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Par answered "Yes."  5 Total  3 Aggregate amount re	(b)		(a)	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	or e
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Railles, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  j Total. Add lines 1 c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b if "Yes," enter the amount of any tax incurred under section 4912  c if "Yes," enter the amount of any tax incurred by organization managers under section 4912  d if the filing organization incurred a section 4912 tax, did if file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or se 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  2 Did the organization make only inhouse lobbying expenditures of \$2,000 or les?  3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?  1 Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  4 If notices were sent and the amount on line 2 exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  5 Taxable amount of lobbying and political expenditures (see instructions	Amount	•	Yes No	he lobbying activity.	f th
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Part IV Supplemental Information  Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated group list); Part II-A, lines 1		4	Ĺ	expenditure next year?	
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated group list); Part II-A, lines 1	<u> </u>	_5_			
				art IV Supplemental Information	Pa
nstructions); and Part II-B, line 1. Also, complete this part for any additional information.	and 2 (see	es 1 a	p list); Part II-A, line	vide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated grou	rov
				ructions); and Part II-B, line 1. Also, complete this part for any additional information.	nstr
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### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990. Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

MEDICAL DENTAL STAFF OF JERSEY CITY

**Employer identification number** 

MEDICAL CENTER INC 81-0606548 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified histoni structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

732051 10-09-17

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

Schedule D (Form 990) 2017

Part III   Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)	_		CENTER IN						<u>81-06</u>		
check all that apply: a	Ь										
a	3 .	Using the organization's acquisition, accessi	on, and other record	ds, checi	k any of the	following tha	t are a s	ignıficant	use of its	collection i	tems
b Scholarly research e Other Preservation for future generations Provides a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provides a description of the organization solicit or receive donations of air, historical treasures, or other similar assets to be sold the organization solicit or receive donations of air, historical treasures, or other similar assets to be sold to reale funder there than to be maintained as part of the organization answered "Ves" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, Line 21.  1a is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  1b If "Yes," explain the arrangement in Part XIII and complete the following table:  1		(check all that apply):									
c	а	Public exhibition	C			hange progra	ams				
4 Provide a description of the organization's collections and explain how they further the organization's exampt purpose in Part XIII.  During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds intheir than to be maintained as part of the organization's collection?  Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Ves" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, furstee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  C Beginning balance  C Beginning balance  C Beginning balance  C Beginning the year  I E Beginning of year  E Distributions during the year  I E Distributions of uring the year  I E Distributions of uring the year  I E Distributions of uring the year  I E Beginning of year balance  C Not investment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  Beginning of year balance  C Not investment earnings, gains, and losses  G End of year balance  C Other expenditures for facilities and programs  C Not investment earnings, gains, and losses  G End of year balance  C Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment    year  A Arministrative expenditures for facilities  and programs  F Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment    year  Yes No  Ball    Free Yes" on Inc 3a(i), are the related organizations ilsted as required on Schedule R?  Describe in Part XIII the intended uses of the organizations into that are held and administered for the organization basis (investment) basis (other) deprociation  B Buildings  L Land  B Buildings  C Les	b	Scholarly research	•		Other						
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?    Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.    Is the organization an angent, fustice, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?    Is the organization an agent, fustice, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?    Is if "Yes," explain the arrangement in Part XIII and complete the following table:    Beginning balance	C	Preservation for future generations									
to be sold to raise funds rather than to be maintained as part of the organization's collection?    Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.    1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.    1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.    1b is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?   Yes   No   If "Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII   Yes   No   If "Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII   Yes   No   If "Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII   Yes   No   If "Yes, explanation in the part XIII. Check here if the explanation has been provided on Part XIII   Yes   No   If "Yes, explanation and the part XIII   If the organization answered "Yes" on Form 990, Part IV, line 10.    2a Don'thoutions   Arrangement Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    2a Don'thoutions   Arrangement III   Arr	4	Provide a description of the organization's co	ollections and expla	in how th	ney further t	he organizati	on's exe	mpt purp	ose in Par	t XIII.	
Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 10.    Telephone   Part IV   Endowment Funds   Part IV   Prior year	5			-		-	er simila	r assets		_	
reported an amount on Form 990, Part X, line 21.  1a is the organization an agent, frustes, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b if "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance d Additions during the year e Distributions during the year 1 Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back or Not investment earnings, gains, and losses of Cher expenditures for facilities and programs 1 Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment    5 Permanent endowment    6 Permanent endowment    7 Agent there endowment funds not in the possession of the organization that are held and administered for the organization by (1) unrelated organizations (line 2d), are the related organizations isted as required on Schedule R?  Description of property (a) Cost or other basis (investment) basis (other) depreciation busing an expensive for the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) basis (other) depreciation depreciation depreciation depreciation of property basis (investment) basis (other) depreciation depreciation depreciation of property basis (investment) basis (other) depreciation depreciation of Description of property basis (investment) basis (other) depreciation depreciation of Description of Property Basis (other) depreciation depreciation of Cost or other basis (other) depreciation d											No_
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b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  d Additions during the year  E Ending balance  2a Distributions during the year  1b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  [a) Current year (b) Prior year (e) Two years back (d) Three years back (e) Four years back  Grants or scholarships  C Net investment earnings, gains, and losses d Grants or scholarships  C Net investment earnings, gains, and losses d Grants or scholarships  C Net investment earnings, gains, and losses and programs  f Administrative expenses  g End of year balance  P Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment   96  Temporarily restricted endowment   96  Temporarily restricted endowment   96  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possassion of the organization that are held and administered for the organization by  (i) unrelated organizations  (ii) related organizations  (iii) related organizations  5a(iii) associated in Part XIII the intended uses of the organization's endowment funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other  (b) Cost or other  (c) Accumulated  depreciation  depreciation  depreciation  depreciation  depreciation  depreciation  depreciation  6 Equipment  C Leasehold improvements  6 Equipment  6 Cher	1a	Is the organization an agent, trustee, custod	ian or other interme	diary for	contribution	ns or other as	sets not	included			
d Additions during the year e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?		on Form 990, Part X?							□	Yes	☐ No
c Beginning balance d Additions during the year   Ending balance   1td	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing 1	table:						
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes No b If 'Yes,' explan the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (e) Four years back (f) Three year										Amount	
e Distributions during the year  f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.    Part V   Endowment Funds, Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Table   Part V   Endowment Funds, Complete if the organization answered   Post on Form 990, Part IV, line 10.    Table   Part V   Endowment Funds, Complete if the organization that are held and administered for the organization set of the organization that are held and administered for the organization set of the organizations in line 3a(ii) are the related organizations in line 3a(ii) are the related organizations endowment funds.    Table   Part V   Endom   Part XIII. Check here if the explanation has been provided on Part XIII.	C	Beginning balance						. 1c			
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2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes No b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part V, line 10.  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back on Form 990, Part V, line 10.  (b) Prior year (c) Two years back (d) Three years back (e) Four years back on Form 990, Part V, line 10.  (c) Two years back (d) Three years back (e) Four years back on Form 990, Part V, line 10.  (e) Four years back (e) Four yea	е	Distributions during the year	44	•				1e			
Book   If Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.   Part V   Endowment Funds, Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.    1a   Beginning of year balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (d) Three years back   (d) Three years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four ye	f	Ending balance .		•				11			
Part V   Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.    (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back	2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or c	ustodial acco	unt liabi	lity?	$\square$	Yes	☐ No
(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back	_ <u>b</u>								<del></del>		
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations b if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation  1a Land b Buildings c Leasehold improvements d Equipment e Other	Par	t V Endowment Funds. Complete i	if the organization a	nswered	"Yes" on Fo	orm 990, Part	IV, line	10.			
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment			(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Three	years back	(e) Four y	ears back_
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	1a	Beginning of year balance	L								
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	b	Contributions									
e Other expenditures for facilities and programs  f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	C	Net investment earnings, gains, and losses	<u></u>			<u></u>					
and programs  f. Administrative expenses g. End of year balance  2. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a. Board designated or quasi-endowment ▶	ď	Grants or scholarships	L	<u> </u>		<u> </u>					
f Administrative expenses g End of year balance  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  Board designated or quasi-endowment ▶ %  Permanent endowment ▶ %  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations (ii) related organizations (iii) related organizations  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  Buildings  Land  Buildings  Leasehold improvements  d Equipment  Cother  74964. 68914. 6050.	е	Other expenditures for facilities									
g End of year balance  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment  %  b Permanent endowment  %  c Temporarily restricted endowment  %  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations  (ii) related organizations  b if "Yes" on line 3a(ii), are the related organization's listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements  d Equipment  e Other  74964. 68914. 6050.		and programs									
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶	f	Administrative expenses									
a Board designated or quasi-endowment	g	End of year balance	L							L	
b Permanent endowment \	2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as:					
c Temporarily restricted endowment ▶	а	Board designated or quasi-endowment		%							
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations (ii) related organizations  b If "Yes" on line 3a(ii), are the related organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements  d Equipment  e Other  74.964. 68914. 6050.	b	Permanent endowment	%								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations (ii) related organizations (ii) related organizations (iii) related organi	C	Temporarily restricted endowment ▶	%								
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(ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other  74964. 68914. 6050.		by·								\	es No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other  74964. 68914. 6050.		(i) unrelated organizations								3a(i)	
Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation  1a Land buildings c Leasehold improvements d Equipment c Other other basis (other) (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book		(ii) related organizations	•							3a(ii)	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Description of property   (a) Cost or other basis (investment)   (b) Cost or other basis (other)   (c) Accumulated depreciation	b	If "Yes" on line 3a(ii), are the related organization	ations listed as requ	ired on S	Schedule R?	•				3b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other  74964.  68914.  6050	4			owment	funds.						
Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (d) Book value  (e) Equipment (f) Cost or other basis (other)  (g) Accumulated depreciation  (h) Cost or other basis (other)  (h) Equipment basis (other)  (h) Cost or other basis (other)  (h) Accumulated depreciation  (h) Book value  (h) Book value  (h) Book value  (h) Cost or other basis (other)  (h) Equipment basis (other)  (h) Cost or other basis (other)	Par	t VI Land, Buildings, and Equipn	nent.								
basis (investment) basis (other) depreciation  1a Land b Buildings c Leasehold improvements d Equipment e Other  5 A 9 6 4 6 8 9 14 6 6 0 5 0 6 6 0 5 0		Complete if the organization answere	d "Yes" on Form 99	0, Part I	V, line 11a. S	See Form 990	), Part X	, line 10.			
1a Land b Buildings c Leasehold improvements d Equipment e Other 74964. 68914. 6050.		Description of property	, , ,		, , ,				1	(d) Book	value
b Buildings c Leasehold improvements d Equipment e Other 74964. 68914. 6050.		Land	2233 (114631		Dasis	(Julion)		Prociation	<del> -</del>		
c Leasehold improvements d Equipment e Other 74964. 68914. 6050.			<del> </del>		<del> </del>						
d Equipment e Other 74964. 68914. 6050.			<del> </del>								
e Other 74964. 68914. 6050.			<del></del>		<del> </del>						
		•			<del> </del>	71061	<b></b> -	600	111		6050
			agual Form 900 Par	t X 00/11	nn (P) line :		L	003			

MED	ICAL	CENTER	INC

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	n: Cost or end-of-year market	value
Financial derivatives				
Closely-held equity interests				
Other				
(A)				
(B)				
(C)				
(D)				
(E)				-
(F)				
(G)				
(H)				
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		<del></del>		
art VIII Investments - Program Related.	·			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part X	line 13	
(a) Description of investment	(b) Book value		on: Cost or end-of-year market	value
(1)			<del></del>	_
(2)		<u> </u>		
(3)				
	<del>  '</del>			
(4)	<del> </del>	<del></del>		
(5)				
(6)				
(7)		<del></del>		
(8)	1			
(9)				
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  eart IX Other Assets.		1110 5 7 100 5 1		
(9)  (al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  (art IX Other Assets.  Complete if the organization answered "Yes"	<del> </del>	11d. See Form 990, Part )		alue
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes"  (a)	on Form 990, Part IV, line Description	11d. See Form 990, Part )	(, line 15. <b>(b)</b> Book v	alue
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets.  Complete if the organization answered "Yes"  (a)	<del> </del>	11d. See Form 990, Part )		alue
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets.  Complete if the organization answered "Yes"  (a)  (1)	<del> </del>	11d. See Form 990, Part )		alue
(9)  (al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  (art IX Other Assets.  Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)	<del> </del>	11d. See Form 990, Part )		alue
(9)  (al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  (art IX Other Assets.  Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)	<del> </del>	11d. See Form 990, Part )		alue
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)  (5)	<del> </del>	11d. See Form 990, Part )		alue
(9)  al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX  Other Assets.  Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)  (5)  (6)	<del> </del>	11d. See Form 990, Part )		alue
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes"  (a)  (1) (2) (3) (4) (5) (6) (7)	<del> </del>	11d. See Form 990, Part )		alue
(9)  (al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  (art IX Other Assets.  Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)	<del> </del>	11d. See Form 990, Part )		alue
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(9)  (al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  (art IX Other Assets.  Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  tal. (Column (b) must equal Form 990, Part X, col. (B) line  (B) line  (Column (b) must equal Form 990, Part X, col. (B) line  (B)	Description	11d. See Form 990, Part )		alue
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  tal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	Description e 15.)		(b) Book v	alue
(9)  al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.  Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  tal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)  art X Other Liabilities.  Complete if the organization answered "Yes"	e 15.)  on Form 990, Part IV, line	11e or 11f. See Form 990,	(b) Book v	alue
(9)  al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	e 15.)  on Form 990, Part IV, line		(b) Book v	alue
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.  Complete if the organization answered "Yes"  (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes"	e 15.)  on Form 990, Part IV, line	11e or 11f. See Form 990,	(b) Book v	alue
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Art IX Other Assets.  Complete if the organization answered "Yes"  (a)  (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability	e 15.)  on Form 990, Part IV, line	11e or 11f. See Form 990,	(b) Book v	alue
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  The Assets.  Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes  (2)	e 15.)  on Form 990, Part IV, line	11e or 11f. See Form 990,	(b) Book v	alue
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes"  (a)  (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes	e 15.)  on Form 990, Part IV, line	11e or 11f. See Form 990,	(b) Book v	alue
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(9)  al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	e 15.)  on Form 990, Part IV, line	11e or 11f. See Form 990,	(b) Book v	alue
(9)  al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	e 15.)  on Form 990, Part IV, line	11e or 11f. See Form 990,	(b) Book v	alue
(9)  tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)	e 15.)  on Form 990, Part IV, line	11e or 11f. See Form 990,	(b) Book v	alue
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  The Assets.  Complete if the organization answered "Yes"  (a)  (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	e 15.)  on Form 990, Part IV, line	11e or 11f. See Form 990,	(b) Book v	alue
tel. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Ital. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)	e 15.)  on Form 990, Part IV, line	11e or 11f. See Form 990,	(b) Book v	alue

Schedule D (Form 990) 2017

Part XI Reconciliation of Revenue per Audited Financial Stater			
	ments With Revenu	e per Return.	
<ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 1.</li> </ul>	2a		
Total revenue, gains, and other support per audited financial statements		. 1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a	} }	
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	
Subtract line 2e from line 1	••	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	
•	•	5	
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  art XII Reconciliation of Expenses per Audited Financial State	mente With Evnene		
<del></del>	•	es per neturn.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a	<del></del>	
Total expenses and losses per audited financial statements		1	
Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1	1 1	
a Donated services and use of facilities	. 2a		
b Prior year adjustments	_2b		
c Other losses	. 2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	
Subtract line 2e from line 1		3	
Amounts included on Form 990, Part IX, line 25, but not on line 1:			-
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	1 1	
b Other (Describe in Part XIII.)	46		
b Other (Describe in Part XIII.)	4b	46	
c Add lines 4a and 4b	4b	4c	
c Add lines 4a and 4b	Part IV, lines 1b and 2b; Pa	5	(I,
c Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  wide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	Part IV, lines 1b and 2b; Pa	5	ζι,
c Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	Part IV, lines 1b and 2b; Pa	5	((),
c Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	Part IV, lines 1b and 2b; Pa	5	G(),
c Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  wide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	Part IV, lines 1b and 2b; Pa	5	(1,
c Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  Divide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 1a a	Part IV, lines 1b and 2b; Pa	5	(1,
c Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	Part IV, lines 1b and 2b; Pa	5	(1,
c Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Part XIII Supplemental Information.  Devide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 1a	Part IV, lines 1b and 2b; Pa	5	α,
c Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  Divide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 1a a	Part IV, lines 1b and 2b; Pa	5	G,

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

	•	
OMB No 1545-0047	2017	Open to Public Inspection

► Go to www.irs.gov/Form990 for the latest information.

ş X HE PROGRAM IN OFFERING A **Employer identification number** TO SUPPORT THE AUXILIARYS 81-0606548 VIDE RANGE OF SERVICE TO PROFESSIONAL DEVELOPMENT SDUCATIONAL PROGRAMS FOR CONTRIBUTION TO ASSIST THEIR PARTICIPANTS TO (h) Purpose of grant or assistance CONTRIBUTION TOWARDS CONTRIBUTION TOWARDS CONTRIBUTION TOWARDS UNDRAISER FOR A NEW TEDICAL DENTAL STAFF SHARE FOR LIBRARIAN UNIVAL TRICKY TRAY IOSPITAL EQUIPMENT Še N UR DIETITIANS Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any SERVICES TURSES TURSES Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) Ö ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. o. 6 10600 25000 (d) Amount of cash grant OF JERSEY CITY Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) Enter total number of other organizations listed in the line 1 table STAFF Part I General Information on Grants and Assistance (b) EIN MEDICAL DENTAL MEDICAL CENTER criteria used to award the grants or assistance? PROFESSIONAL ASSISTANCE PROGRAM OF JERSEY CITY MEDICAL CENTRE DIETARY 1 (a) Name and address of organization LLC - 133 SOUTH MAIN STREET SUITE CUSTOM SOURCE MARKETING & DESIGN NEW JERSEY - 742 ALEXANDER ROAD SERVICES - 355 GRAND STREET -AUXILIARY - 355 GRAND STREET ST. JOSEPHS REGIONAL MEDICAL JERSEY CITY MEDICAL CENTRE CENTER - 703 MAIN STREET, - MILLTOWN, NJ 08850 or government JERSEY CITY, NJ 07302 JERSEY CITY, NJ 07302 Name of the organization PRINCETON NJ 08540 PATERSON, NJ 07503 Part 200

732101 11-01-17

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

-HA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2017)

81-0606548

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule | (Form 990) (2017)
Part III Grants and Other

		7 7 1 1 1 1 1 1 1 1	, , , , , , , , , , , , , , , , , , ,	The state of the s	A Proprietion of nomination de
(a) Type of grant of assistance	(b) Number of recipients	(c) Amount of cash grant	cash assistance	(e) Method of Valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information required in	uired in Part I, lin	e 2; Part III, column	Part I, line 2; Part III, column (b); and any other additional information.	iditional information.	
PART II, LINE 1, COLUMN (H):					
NAME OF ORGANIZATION OR GOVERNMENT:					
PROFESSIONAL ASSISTANCE PROGRAM OF NEW	NEW JERSEY	SEY			
(H) PURPOSE OF GRANT OR ASSISTANCE:	၁	NTRIBUTION TO	ASSIST THE	PROGRAM	
IN OFFERING A WIDE RANGE OF SERVICE	E TO THEIR	IR PARTICIPANTS	TO	ENHANCE	
THEIR RECOVERY EFFORTS					

Schedule I (Form 990) (2017)

#### SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for the latest information. MEDICAL DENTAL STAFF OF JERSEY CITY

Employer identification number

MEDICAL CENTER INC   81-0606548	
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
PROFESSIONAL KNOWLEDGE & SKILL; TO SUPPORT COLLECTIVE ACTION OF THE	
MEDICAL COMMUNITY	
FORM 990, PART VI, SECTION B, LINE 11B:	
SECRETARY HAS CIRCULATED COPY OF FORM 990 TO ALL ITS MEMBERS OF GOVER	NING_
BODY.	
FORM 990, PART VI, SECTION C, LINE 19:	
OCCUMENTS ARE AVAILABLE FOR PUBLIC VIEWING AT THE ORGANIZATION'S REGI	STERED
OFFICE WITHIN 2 WEEKS AT THE SCHEDULED TIME UPON REQUEST	
·	
<del></del>	
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