


OMB No 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MEDICAL STAFF OF UNIVERSITY HOSPITAL		D Employer identification number 22-3783478
	Number and street (or P O box, if mail is not delivered to street address) 150 BERGEN STREET NO F244A	Room/suite	E Telephone number (973) 972-0026
	City or town, state or province, country, and ZIP or foreign postal code NEWARK, NJ 07103		F Group Exemption Number 

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶ _____

I Website: ▶ WWW.UHNJ.ORG/MDSTFWEB/

J Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(4) ◀ (Insert no) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 81,353**

Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
	Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	81,325
	4	Investment income	4	28
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	c	Less direct expenses from gaming and fundraising events	6c	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances	7a	
Expenses	b	Less cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	81,353
	10	Grants and similar amounts paid (list in Schedule O)	10	6,250
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	9,195
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	1,836
Net Assets	16	Other expenses (describe in Schedule O)	16	62,640
	17	Total expenses. Add lines 10 through 16 ▶	17	79,921
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,432
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	344,487
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	345,919

Part II

Balance Sheets (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	344,487	22	345,919
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	344,487	25	345,919
26 Total liabilities (describe in Schedule O).	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	344,487	27	345,919

Part III

Statement of Program Service Accomplishments (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III ☒
What is the organization's primary exempt purpose?
TO PROVIDE EDUCATIONAL GUIDANCE TO MEMBERS OF THE MEDICAL STAFF, SERVE COMMUNITY AND THE HOSPITAL THROUGH PARTICIPATION AND SHARING MEDICAL EXPERTISE WITH OUR COLLEAGUES
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title
28
See Additional Data Table
(Grants \$) If this amount includes foreign grants, check here ☐
29
(Grants \$) If this amount includes foreign grants, check here ☐
30
(Grants \$) If this amount includes foreign grants, check here ☐
31 Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here ☐
32 Total program service expenses (add lines 28a through 31a) **32** 73,447

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

Part IV

List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV. ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
LISA DEVER MD PRESIDENT	5 00	0	0	0
KEITH COOK MD SECRETARY/TREASURER	5 00	0	0	0
ANA NATALE-PEREIRA MD PRESIDENT-ELECT	2 00	0	0	0
MICHAEL CURI MD PAST PRESIDENT	2 00	0	0	0
JEAN DANIEL ELOY MD COUNCIL MEMBER	2 00	0	0	0
MAUREEN GANG MD COUNCIL MEMBER	2 00	0	0	0
EVELYNE KALYOUSSEF MD COUNCIL MEMBER	2 00	0	0	0
MICHAEL JAKER MD COUNCIL MEMBER	2 00	0	0	0
ANNE SUTHERLAND MD COUNCIL MEMBER	2 00	0	0	0
DIANNE SINQUEE MD COUNCIL MEMBER	2 00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☒

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	37a	
b Did the organization file Form 1120-POL for this year?	37b	
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	No
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41 List the states with which a copy of this return is filed ▶		
42a The organization's books are in care of ▶ <u>KEITH COOK MD</u> Telephone no ▶ <u>(973) 972-0026</u> Located at ▶ <u>150 BERGEN STREET NO F244A NEWARK, NJ</u> ZIP + 4 ▶ <u>07103</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	42b	No
c At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ▶	42c	No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	No

Part VI Section 501(c)(3) organizations only
All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.
Check if the organization used Schedule O to respond to any question in this Part VI ☐

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
49b	If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ► _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000. ► _____

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A ► ☐ **Yes** ☐ **No**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer		2019-11-15 Date	
	LISA DEVER MD, PRESIDENT Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name DIANA MILLER	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN P01597612
	Firm's name ► WISS & COMPANY LLP			Firm's EIN ► 22-1732349
	Firm's address ► 354 EISENHOWER PARKWAY LIVINGSTON, NJ 07039			Phone no. (973) 994-9400

May the IRS discuss this return with the preparer shown above? See instructions ► ☒ **Yes** ☐ **No**

Additional Data

Software ID:

Software Version:

EIN: 22-3783478

Name: MEDICAL STAFF OF UNIVERSITY HOSPITAL

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 FOSTER AN ATMOSPHERE TO SHARE IN MEDICAL EXPERTISE AND RECOGNITION OF LIFETIME ACHIEVEMENTS WITHIN THE PROFESSIONAL COMMUNITY (Grants \$ 6,250) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	73,447

TY 2018 Transfers Personal Benefits Contracts Declaration

Name: MEDICAL STAFF OF UNIVERSITY HOSPITAL

EIN: 22-3783478

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

MEDICAL STAFF OF UNIVERSITY HOSPITAL

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.

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

22-3783478

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST INCOME AMOUNT 28

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION BANK FEES AMOUNT 176 DESCRIPTION COMPUTER SOFTWARE AMOUNT 590 DESCRIPTION OFFICE EXPENSES AMOUNT 619 DESCRIPTION STRIPE FEES (3RD PARTY PROCESSOR) AMOUNT 1,085 DESCRIPTION INSERVICE MEETINGS AMOUNT 25,343 DESCRIPTION RECOGNITION AWARDS AMOUNT 4,562 DESCRIPTION OTHER EVENTS AMOUNT 3,223 DESCRIPTION ANNUAL MEETING AMOUNT 3,927 DESCRIPTION NURSE ACKNOWLEDGEMENT AMOUNT 2,941 DESCRIPTION LOUNGE EXPENSE AMOUNT 19,346 DESCRIPTION MISCELLANEOUS AMOUNT 328 DESCRIPTION TRAVEL AMOUNT 500 TOTAL TO FORM 990-EZ, LINE 16 62,640

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ EXPLANATION CONCERNING PART V, LINE 41	THE STATE OF NEW JERSEY HAS NO REGISTRATION REQUIREMENT FOR AN ORGANIZATION WHICH DOES NOT EXCEED \$10,000 IN GROSS PUBLIC CONTRIBUTIONS FOR THE CURRENT FISCAL YEAR