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Form **990**

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 black lung benefit trust or private foundation)

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

OMB No 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 07-01-2007 and ending 06-30-2008

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☑ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
UNIVERSITY PHYSICIAN ASSOCIATES OF NEW JERSEY

Number and street (or P O box if mail is not delivered to street address) | Room/suite
30 BERGEN STREET

City or town, state or country, and ZIP + 4
NEWARK, NJ 07107

D Employer identification number
22-2095812

E Telephone number
(973) 972-6708

F Accounting method ☑ Cash ☐ Accrual ☐ Other (specify) ▶

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

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) If "Yes" enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☑ No

I Group Exemption Number ▶

M Check ▶ ☑ if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Web site: ▶

J Organization type (check only one) ▶ ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than 25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 86,467,243

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances *(See the instructions.)*

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Contributions to donor advised funds	1a	0		
	b	Direct public support (not included on line 1a)	1b	0		
	c	Indirect public support (not included on line 1a)	1c	0		
	d	Government contributions (grants) (not included on line 1a)	1d	0		
	e	**Total** (add lines 1a through 1d) (cash $ 0 noncash $ 0)			1e	0
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	86,410,853
	3	Membership dues and assessments			3	0
	4	Interest on savings and temporary cash investments			4	47,388
	5	Dividends and interest from securities			5	1,171
	6a	Gross rents	6a	0		
	b	Less rental expenses	6b	0		
	c	Net rental income or (loss) subtract line 6b from line 6a			6c	0
	7	Other investment income (describe ▶)			7	0

		(A) Securities		(B) Other
8a	Gross amount from sales of assets other than inventory	0	8a	0
b	Less cost or other basis and sales expenses	0	8b	0
c	Gain or (loss) (attach schedule)	0	8c	0

	d	Net gain or (loss) Combine line 8c, columns (A) and (B)			8d	0
	9	Special events and activities (attach schedule) If any amount is from **gaming**, check here ▶ ☐				
	a	Gross revenue (not including $ ____ of contributions reported on line 1b)	9a	0		
	b	Less direct expenses other than fundraising expenses	9b	0		
	c	Net income or (loss) from special events Subtract line 9b from line 9a			9c	0
	10a	Gross sales of inventory, less returns and allowances	10a	0		
	b	Less cost of goods sold	10b	0		
	c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a			10c	0
	11	Other revenue (from Part VII, line 103)			11	7,831
	12	**Total revenue** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	86,467,243
Expenses	13	Program services (from line 44, column (B))			13	67,739,813
	14	Management and general (from line 44, column (C))			14	18,025,259
	15	Fundraising (from line 44, column (D))			15	0
	16	Payments to affiliates (attach schedule)			16	0
	17	**Total expenses** Add lines 16 and 44, column (A)			17	85,765,072
Net Assets	18	Excess or (deficit) for the year Subtract line 17 from line 12			18	702,171
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	505,298
	20	Other changes in net assets or fund balances (attach explanation)			20	-24,726
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20			21	1,182,743

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others *(See the instructions.)*

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach Schedule) (cash $_____ noncash $_____) If this amount includes foreign grants, check here ☐	**22a**	0	0		
22b Other grants and allocations (attach schedule) (cash $_____ noncash $_____) If this amount includes foreign grants, check here ☐	**22b**	0	0		
23 Specific assistance to individuals (attach schedule)	**23**	0	0		
24 Benefits paid to or for members (attach schedule)	**24**	0	0		
25a Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	**25a**	1,043,260	0	1,043,260	0
b Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	**25b**	0	0	0	0
c Compensation and other distributions not icluded above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	**25c**	0	0	0	0
26 Salaries and wages of employees not included on lines 25a, b and c	**26**	2,191,979	0	2,191,979	0
27 Pension plan contributions not included on lines 25a, b and c	**27**	212,298	0	212,298	0
28 Employee benefits not included on lines 25a - 27	**28**	323,969	0	323,969	0
29 Payroll taxes	**29**	210,181	0	210,181	0
30 Professional fundraising fees	**30**	0	0	0	0
31 Accounting fees	**31**	183,673	0	183,673	0
32 Legal fees	**32**	1,013,901	0	1,013,901	0
33 Supplies	**33**	66,899	0	66,899	0
34 Telephone	**34**	73,137	0	73,137	0
35 Postage and shipping	**35**	21,507	0	21,507	0
36 Occupancy	**36**	219,133	0	219,133	0
37 Equipment rental and maintenance	**37**	77,535	0	77,535	0
38 Printing and publications	**38**	0	0	0	0
39 Travel	**39**	6,523	0	6,523	0
40 Conferences, conventions, and meetings	**40**	342,363	0	342,363	0
41 Interest	**41**	0	0	0	0
42 Depreciation, depletion, etc (attach schedule)	**42**	204,999	204,999	0	0
43 Other expenses not covered above (itemize)					
a See Additional Data Table	**43a**				
b	**43b**				
c	**43c**				
d	**43d**				
e	**43e**				
f	**43f**				
g	**43g**				
44 **Total functional expenses.** Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13—15)	**44**	85,765,072	67,739,813	18,025,259	0

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ☐ **Yes** ☑ **No**

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

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

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

What is the organization's primary exempt purpose? ▶ Supports Universuty of Medicine & Dentistry of NJ All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	**Program Service Expenses** (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
a Ambulatory & Primary Health Care PROVIDED ASSISTANCE TO CLINICAL FACULTY OF NJ MEDICAL SCHOOL (0 CLIENTS) (Grants and allocations $ 0) If this amount includes foreign grants, check here ▶ ☐	67,739,813
b (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
c (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
d (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
e Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) . . . . ▶	67,739,813

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

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*			(A) Beginning of year		(B) End of year
Assets					
45 Cash—non-interest-bearing			10,298,001	45	9,946,539
46 Savings and temporary cash investments			419,865	46	498,241
47a Accounts receivable	47a	0			
b Less allowance for doubtful accounts	47b	0	0	47c	0
48a Pledges receivable	48a	0			
b Less allowance for doubtful accounts	48b	0	0	48c	0
49 Grants receivable			0	49	0
50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			0	50a	0
b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)			0	50b	0
51a Other notes and loans receivable (attach schedule)	51a	0			
b Less allowance for doubtful accounts	51b	0	0	51c	0
52 Inventories for sale or use			0	52	0
53 Prepaid expenses and deferred charges			0	53	0
54a Investments—publicly-traded securities ▶ ☐ Cost ☑ FMV			10,241,800	54a	10,053,199
b Investments—other securities (attach schedule) ▶ ☐ Cost ☐ FMV			0	54b	0
55a Investments—land, buildings, and equipment basis	55a	0			
b Less accumulated depreciation (attach schedule)	55b	0	0	55c	0
56 Investments—other (attach schedule)			0	56	0
57a Land, buildings, and equipment basis	57a	5,337,562			
b Less accumulated depreciation (attach schedule)	57b	5,169,052	244,018	57c	168,510
58 Other assets, including program-related investments (describe ▶)			228,116	58	203,390
59 **Total assets** (must equal line 74) Add lines 45 through 58			21,431,800	59	20,869,879
Liabilities					
60 Accounts payable and accrued expenses			20,926,502	60	19,687,136
61 Grants payable			0	61	0
62 Deferred revenue			0	62	0
63 Loans from officers, directors, trustees, and key employees (attach schedule)			0	63	0
64a Tax-exempt bond liabilities (attach schedule)			0	64a	0
b Mortgages and other notes payable (attach schedule)			0	64b	0
65 Other liablilities (describe ▶)			0	65	0
66 **Total liabilities** Add lines 60 through 65			20,926,502	66	19,687,136
Net Assets or Fund Balances					
Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 67 through 69 and lines 73 and 74					
67 Unrestricted				67	
68 Temporarily restricted				68	
69 Permanently restricted				69	
Organizations that do not follow SFAS 117, check here ▶ ☑ and complete lines 70 through 74					
70 Capital stock, trust principal, or current funds			0	70	0
71 Paid-in or capital surplus, or land, building, and equipment fund			0	71	0
72 Retained earnings, endowment, accumulated income, or other funds			505,298	72	1,182,743
73 **Total net assets or fund balances** Add lines 67 through 69 **or** lines 70 through 72 (Column (A) **must** equal line 19 and column (B) **must** equal line 21)			505,298	73	1,182,743
74 **Total liabilities and net assets / fund balances** Add lines 66 and 73			21,431,800	74	20,869,879

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

a	Total revenue, gains, and other support per audited financial statements			a	86,467,243
b	Amounts included on line **a** but not on Part I, line 12				
1	Net unrealized gains on investments	b1	0		
2	Donated services and use of facilities	b2	0		
3	Recoveries of prior year grants	b3	0		
4	Other (specify)	b4	0		
	Add lines **b1** through **b4**			b	0
c	Subtract line **b** from line **a**			c	86,467,243
d	Amounts included on Part I, line 12, but not on line **a**				
1	Investment expenses not included on Part I, line 6b	d1	0		
2	Other (specify)	d2	0		
	Add lines **d1** and **d2**			d	0
e	**Total revenue** (Part I, line 12) Add lines **c** and **d** ▶			e	86,467,243

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

a	Total expenses and losses per audited financial statements			a	85,765,072
b	Amounts included on line **a** but not on Part I, line 17				
1	Donated services and use of facilities	b1	0		
2	Prior year adjustments reported on Part I, line 20	b2	0		
3	Losses reported on Part I, line 20	b3	0		
4	Other (specify)	b4	0		
	Add lines **b1** through **b4**			b	0
c	Subtract line **b** from line **a**			c	85,765,072
d	Amounts included on Part I, line 17, but not on line **a:**				
1	Investment expenses not included on Part I, line 6b	d1	0		
2	Other (specify)	d2	0		
	Add lines **d1** and **d2**			d	0
e	**Total expenses** (Part I, line 17) Add lines **c** and **d** ▶			e	85,765,072

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

(A) Name and address	**(B)** Title and average hours per week devoted to position	**(C)** Compensation **(If not paid, enter -0-.)**	**(D)** Contributions to employee benefit plans & deferred compensation plans	**(E)** Expense account and other allowances
See Additional Data Table				

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

			Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 29			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	**75b**		No
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" ▶	**75c**	Yes	
	If "Yes," attach a statement that includes the information described in the instructions			
d	Does the organization have a written conflict of interest policy?	**75d**	Yes	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	**(B)** Loans and Advances	**(C)** Compensation (If not paid enter -0-)	**(D)** Contributions to employee benefit plans and deferred compensation plans	**(E)** Expense account and other allowances

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

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	**76**		No
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	**77**		No
	If "Yes," attach a conformed copy of the changes			
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	**78a**		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	**78b**		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	**79**		No
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	**80a**	Yes	
b	If "Yes," enter the name of the organization ▶ See Additional Data Table and check whether it is ☐ exempt **or** ☐ nonexempt			
81a	Enter direct or indirect political expenditures (See line 81 instructions) **81a** 0			
b	Did the organization file **Form 1120-POL** for this year?	**81b**		No

Part VI Other Information *(continued)*

			Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		No
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) **82b**			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	*501(c)(4), (5), or (6) organizations.* **a** Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b		
	If "Yes," was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year			
c	Dues assessments, and similar amounts from members **85c**			
d	Section 162(e) lobbying and political expenditures **85d**			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices **85e**			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) **85f**			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	*501(c)(7) orgs.* Enter **a** Initiation fees and capital contributions included on line 12 **86a**			
b	Gross receipts, included on line 12, for public use of club facilities **86b**			
87	*501(c)(12) orgs.* Enter **a** Gross income from members or shareholders **87a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) **87b**			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88a	Yes	
b	At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI	88b	Yes	
89a	*501(c)(3) organizations* Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0			
b	*501(c)(3) and 501(c)(4) orgs.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		No
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Enter Amount of tax on line 89c, above, 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?	89e		No
f	*All organizations.* Did the organization acquire direct or indirect interest in any applicable insurance contract?	89f		No
g	*For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		No

90a List the states with which a copy of this return is filed ▶

b Number of employees employed in the pay period that includes March 12, 2007 (See instructions) **90b** 37

91a The books are in care of ▶ SIMI BAKSHI Telephone no ▶ (973) 972-6713

Located at ▶ 30 BERGEN STREET NEWARK, NJ ZIP + 4 ▶ 07107

		Yes	No
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)?	91b		No

If "Yes," enter the name of the foreign country ▶

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**, Report of Foreign Bank and Financial Accounts

Part VI Other Information *(continued)*

			Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		No

If "Yes," enter the name of the foreign country ▶

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* ***Form 1041***—Check here ▶ ☐

and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92

Part VII Analysis of Income-Producing Activities ***(See the instructions.)***

Note: *Enter gross amounts unless otherwise indicated.*

		Unrelated business income		Excluded by section 512, 513, or 514		(E)
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93	Program service revenue					
a	SETTLEMENT REVENUE		0		0	93,226
b	PHYSICIAN BILLING		0		0	86,317,627
c						
d						
e						
f	Medicare/Medicaid payments					
g	Fees and contracts from government agencies					
94	Membership dues and assessments					
95	Interest on savings and temporary cash investments		0	1	47,388	0
96	Dividends and interest from securities		0	1	1,171	0
97	Net rental income or (loss) from real estate					
a	debt-financed property					
b	non debt-financed property					
98	Net rental income or (loss) from personal property					
99	Other investment income					
100	Gain or (loss) from sales of assets other than inventory					
101	Net income or (loss) from special events					
102	Gross profit or (loss) from sales of inventory					
103	Other revenue a MISC INCOME		0		0	7,831
b						
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E))		0		48,559	86,418,684
105	**Total** (add line 104, columns (B), (D), and (E)) ▶					86,467,243

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes ***(See the instructions.)***

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
103 a	MISC INCOME
93 b	SETTLEMENT REVENUE
93 a	PHYSICIAN BILLING

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities ***(See the instructions.)***

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
UPA-NP LLC 30 BERGEN STREET NEWARK, NJ07107 22-3644535	100 00 %	FACULTY BILLING SUPPORT	22,073,078	0
UPA-AB LLC 30 BERGEN STREET NEWARK, NJ07107 22-3762184	100 00 %	FACULTY BILLING SUPPORT	4,455,096	0
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts ***(See the instructions.)***

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

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

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

Part XI **Information Regarding Transfers To and From Controlled Entities** *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	DOCTORS CENTER MANAGEMENT CORPORATION 30 BERGEN STREET NEWARK, NJ 07107	223175258	Funds to cover A/P, Payroll and Rent	7,619,908
	Totals			7,619,908

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity		No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			0

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?		No

Please Sign Here

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

Signature of officer — Date: 2009-05-11

SIMI BAKSHI CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ☐	Preparer's SSN or PTIN (See Gen Inst W)
Firm's name (or yours if self-employed), address, and ZIP + 4			EIN
			Phone no

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2007

Name of the organization
UNIVERSITY PHYSICIAN ASSOCIATES OF NEW JERSEY

Employer identification number
22-2095812

Part I **Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	**(b)** Title and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans & deferred compensation	**(e)** Expense account and other allowances
DUEWA JOHNSON 55 MANOR COURT BLDG 7 NEW BRUNSWICK, NJ 08901	MANAGER 35	82,091	100	0
DONNA SAWLER 201 BRIGHTON AVENUE KEARNY, NJ 07032	MANAGER 35	85,766	0	0
SUSAN SEHULSTER 9 BURNET HILL ROAD LIVINGSTON, NJ 07039	ADMIN COORDINATOR 35	76,233	2,600	0
MATHEW JACOB 48 WEAVER PLACE EAST HANOVER, NJ 08936	MANAGER 35	82,924	5,300	0
CECELIA DEMAREST 362 ROUTE 565 SUSSEX, NJ 07461	MANAGER 35	81,064	17,700	0
Total number of other employees paid over $50,000 ▶	9			

Part II-A **Compensation of the Five Highest Paid Independent Contractors for Professional Services**
(See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	**(b)** Type of service	**(c)** Compensation
ROBERT HEARY 12 CANTEBURY LANE SUMMIT, NJ 07901	PHYSICIAN	2,485,114
MITCHELL F REITER 50 BLAZIER ROAD MARTINSVILLE, NJ 08836	PHYSICIAN	1,026,315
WOLFF SAMSON PC ONE BOLAND DRIVE WEST ORANGE, NJ 07052	LEGAL SERVICE	899,011
CHARLES PRESTIGIACOMO 7 BIRCHWOOD COURT EAST HANOVER, NJ 07936	PHYSICIAN	892,723
FRANK LIPORACE 411-B GRANDVIEW PLACE FORT LEE, NJ 07024	PHYSICIAN	1,261,262
Total number of others receiving over $50,000 for professional services ▶ 177		

Part II-B **Compensation of the Five Highest Paid Independent Contractors for Other Services**
(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than $50,000	**(b)** Type of service	**(c)** Compensation
MCKESSON 220 DAVIDSON AVENUE 220 DAVIDSON AVENUE SOMERSET, NJ 08873	BILLING	8,319,079
LOGOCAL SOURCE P O BOX 349 WAYNE, NJ 07474	IMAGING AND STORAGE	158,749
SOFTEX USA INC 1614 BROAD STREET BLOOMFIELD, NJ 07003	MEDICAL TRANSCRIPTION	90,650
NETWORK SOLUTIONS INC 224 WEST 35TH STREET SUITE 312 NEW YORK, NY 10001	COMPUTER CONSULTANTS	52,200
Total number of other contractors receiving over $50,000 for other services ▶ 0		

Part III **Statements About Activities** (See page 2 of the instructions.)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶$ 0 (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1		No
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)*			
a	Sale, exchange, or leasing property?	2a		No
b	Lending of money or other extension of credit?	2b		No
c	Furnishing of goods, services, or facilities?	2c		No
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d	Yes	
e	Transfer of any part of its income or assets?	2e		No
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a		No
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	Yes	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3c		No
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		No
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		No
b	Did the organization make any taxable distributions under section 4966?	4b		No
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		No
d	Enter the total number of donor advised funds owned at the end of the tax year ▶			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶0			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶0			

Part IV **Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 ☐ A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶ _____

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)

11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

12 ☐ An organization that normally receives **(1) more than 331/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions—subject to certain exceptions, and **(2) no more than 331/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)

13 ☑ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

☐ Type I ☐ Type II ☐ Type III - Functionally Integrated ☐ Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents? Yes	No	(e) Amount of support?
UMDNJ	221775306	SCHOOL	X		36292699
Total ▶					

14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) ***Use cash method of accounting.***

Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					

26 Organizations described on lines 10 or 11: **a** Enter 2% of amount in column (e), line 24 ▶ **26a**

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a **Do not file this list with your return.** Enter the total of all these excess amounts ▶ **26b**

c Total support for section 509(a)(1) test Enter line 24, column (e) ▶ **26c**

d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____ ▶ **26d**

e Public support (line 26c minus line 26d total) ▶ **26e**

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ **26f**

27 Organizations described on line 12: **a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " **Do not file this list with your return.** Enter the sum of such amounts for each year

(2006) _____ (2005) _____ (2004) _____ (2003) _____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year

(2006) _____ (2005) _____ (2004) _____ (2003) _____

c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶ **27c**

d Add Line 27a total _____ and line 27b total _____ ▶ **27d**

e Public support (line 27c total minus line 27d total) ▶ **27e**

f Total support for section 509(a)(2) test Enter amount from line 23, column (e) ▶ **27f**

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ **27g**

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ **27h**

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant **Do not file this list with your return.** Do not include these grants in line 15

Part V **Private School Questionnaire** (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part IV-A **Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check ▶ **a** ☐ if the organization belongs to an affiliated group Check ▶ **b** ☐ if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		**(a)** Affiliated group totals	**(b)** To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	**36**		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	**37**		
38 Total lobbying expenditures (add lines 36 and 37)	**38**		
39 Other exempt purpose expenditures	**39**		
40 Total exempt purpose expenditures (add lines 38 and 39)	**40**		
41 Lobbying nontaxable amount Enter the amount from the following table—	**41**		
42 Grassroots nontaxable amount (enter 25% of line 41)	**42**		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	**43**		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	**44**		

If the amount on line 40 is—	**The lobbying nontaxable amount is—**
Not over $500,000	20% of the amount on line 40
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720.*

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50 on page 11 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	**(a)** 2007	**(b)** 2006	**(c)** 2005	**(d)** 2004	**(e)** Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B **Lobbying Activity by Nonelecting Public Charities**
(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	**Yes**	**No**	**Amount**
a Volunteers		No	
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h.**)		No	
c Media advertisements		No	
d Mailings to members, legislators, or the public		No	
e Publications, or published or broadcast statements		No	
f Grants to other organizations for lobbying purposes		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		No	
i Total lobbying expenditures (Add lines **c** through **h.**)			0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of			
(i) Cash	**51a(i)**		No
(ii) Other assets	**a(ii)**		No
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	**b(i)**		No
(ii) Purchases of assets from a noncharitable exempt organization	**b(ii)**		No
(iii) Rental of facilities, equipment, or other assets	**b(iii)**		No
(iv) Reimbursement arrangements	**b(iv)**		No
(v) Loans or loan guarantees	**b(v)**		No
(vi) Performance of services or membership or fundraising solicitations	**b(vi)**		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	**c**		No

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	**(b)** Amount involved	**(c)** Name of noncharitable exempt organization	**(d)** Description of transfers, transactions, and sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ **Yes** ☑ **No**

b If "Yes," complete the following schedule

(a) Name of organization	**(b)** Type of organization	**(c)** Description of relationship

Additional Data

Software ID: 07000149
Software Version: v1.00
EIN: 22-2095812
Name: UNIVERSITY PHYSICIAN ASSOCIATES OF NEW JERSEY

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a DISTRIB - NJ MED SCHOOL DEAN FUND	**43a**	5,961,810	5,961,810	0	0
b SUBSIDIZED EXPENSES DOC	**43b**	1,840,620	0	1,840,620	0
c OTHER GENERAL & ADMINISTRATIVE	**43c**	206,307	0	206,307	0
d PUBLICATION AND ADVERTISING	**43d**	57,539	0	57,539	0
e DISTRIBUTION TO UPA PHYSICIANS	**43e**	31,242,115	31,242,115	0	0
f DISTRIB TO NJ MED SCHOOL DEPT	**43f**	27,752,284	27,752,284	0	0
g COLLECTION FEES	**43g**	8,987,037	0	8,987,037	0
h DISTRIBUTION - UMDNJ	**43h**	2,578,605	2,578,605	0	0
i BANK CHARGES	**43i**	70,268	0	70,268	0
j SOFTWARE/HARDWARE MAINTENANCE	**43j**	877,130	0	877,130	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
ANDREW KAUFMAN 16 SIERRA COURT HILLSDALE, NJ 07642	TRUSTEE 1	0	0	0
MICHAEL JAKER 225 WEST 86TH STREET NEW YORK, NY 10024	TRUSTEE 1	63,601	0	0
VINCENT BARBA 72 ROOSEVELT STREET ROSELAND, NJ 07068	TRUSTEE 1	2,740	0	0
IRA GOLDSTEIN 173 ELLISEN ROAD WATCHUNG, NJ 07069	TRUSTEE 1	889,723	0	0
ROBERT JOHNSON 732 BERKELEY AVENUE ORANGE, NJ 07050	TRUSTEE 1	22,756	0	0
MARK JORDON 24 FARBROOK DRIVE SHORT HILLS, NJ 07078	TRUSTEE 1	25,000	0	0
DENISE MULKERN 121 RUSSELL AVENUE RAHWAY, NJ 07065	TRUSTEE 1	0	0	0
CHRISTINE GERULA 55 DIMMING ROAD UPPER SADDLE RIVER, NJ 07458	TRUSTEE 1	103,891	0	0
CHERYL KENNEDY P O BOX 73 STOCKTON, NJ 08559	TRUSTEE 1	23,380	0	0
DAVID MARKS 584 HIGHLAND AVENUE MONTCLAIR, NJ 07043	TRUSTEE 1	144,143	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
EDWIN DEITCH 488 OLD SHORT HILLS ROAD SHORT HILLS,NJ 07078	TRUSTEE 1	173,386	0	0
DOLLY RAZDAN 50 LIBERTY CORNER ROAD WARREN,NJ 07059	TRUSTEE 1	172,844	0	0
MICHAEL HOPSON 12 VERMONT AVENUE CARTERET,NJ 07008	DIRECTOR OF ADMIN 40	139,033	20,500	0
DAVID HAIER 814 WILLOW AVENUE HOBOKEN,NJ 07030	DIRECTOR OF BUS DEVELOPMENT 40	132,961	0	0
LARRY FROHMAN 1 BERKLEY ROAD LIVINGSTON,NJ 07052	President 1	89,334	0	0
KENDELL SPROTT 1000 RAHWAY AVENUE PLAINFIELD,NJ 07060	TRUSTEE 1	0	0	0
ROBIN WITTENSTEIN 11 URSULA DRIVE ROSLYN,NY 11576	TRUSTEE 1	0	0	0
MARCIA BLACKSIN 12 GYNOTY ROAD WEST CALDWELL,NJ 07006	TRUSTEE 1	153,752	0	0
SIMI BAKSHI 53 W SHORE DRIVE PENNINGTON,NJ 08534	CFO, TRUSTEE 40	284,011	20,500	0
DAHLIA TAYLOR 111 OAKLAND TERRACE NEWARK,NJ 07106	DIRECTOR OF ACCOUNTING 40	110,017	4,800	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
MICHAEL SIRKIN 23 BEVERLY ROAD WEST ORANGE, NJ 07052	Vice President 1	603,313	0	0
ADRIAN FISHER 16 KINGSWOOD ROAD WEEHAWKEN, NJ 07086	Treasurer 1	294,702	0	0
ANTHONY CAGGIANO 34 MOUNTAIN VIEW DRIVE WEST PATTERSON, NJ 07424	TRUSTEE 1	64,784	0	0
LAWRENCE HARRISON 66 BEECHWOOD LANE BERKELEY HEIGHTS, NJ 07922	TRUSTEE 1	170,028	0	0
EVELYN MONTALVO 51 AVENUE B BAYONNE, NJ 07002	TRUSTEE 1	0	0	0
CYNTHIA PAIGE 25 PLEASANT AVENUE MONTCLAIR, NJ 07042	TRUSTEE 1	44,001	0	0
STEPHEN KAMIN 11 MOUNTAIN RIDGE DRIVE CEDAR GROVE, NJ 07009	TRUSTEE 1	27,294	0	0
SEENA AISNER 6 COTSWOLD LANE WARREN, NJ 07059	TRUSTEE 1	28,947	0	0
PATRICK FOYE 38 BUCKINGHAM CIRCLE PINE BROOK, NJ 07058	Secretary 1	290,610	0	0
MICHAEL SAULICH 10 MEADOW VIEW DRIVE GLADSTONE, NJ 07934	CEO, TRUSTEE 40	377,238	20,500	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
MING XIONG 8 SALLY COURT BRIDGEWATER, NJ 08807	TRUSTEE 1	142,309	0	0
BARRY DASHEFSKY 586 WHITE OAK RIDGE ROAD SHORT HILLS, NJ 07078	TRUSTEE 1	32,193	0	0

Form 990, Part VI, Line 80b - If "Yes", enter the name of the organization and whether it is exempt or nonexempt:

Name of the Organization	Exempt	Nonexempt
UPANP LLC	X	
DOCTORS' CENTER MANAGEMENT CORP	X	
UPAAB LLC	X	

TY 2007 Compensation Explanation

Name: UNIVERSITY PHYSICIAN ASSOCIATES OF NEW JERSEY
EIN: 22-2095812
Software ID: 07000149
Software Version: v1.00

Person Name	Explanation
MICHAEL JAKER	Clinical Income
VINCENT BARBA	Clinical Income
IRA GOLDSTEIN	Clinical Income
ROBERT JOHNSON	Clinical Income
MARK JORDON	Clinical Income
CHRISTINE GERULA	Clinical Income

Person Name	Explanation
CHERYL KENNEDY	Clinical Income
DAVID MARKS	Clinical Income
EDWIN DEITCH	Clinical Income
DOLLY RAZDAN	Clinical Income
LARRY FROHMAN	Clinical Income
MARCIA BLACKSIN	Clinical Income

Person Name	Explanation
MICHAEL SIRKIN	Clinical Income
ADRIAN FISHER	Clinical Income
ANTHONY CAGGIANO	Clinical Income
LAWRENCE HARRISON	Clinical Income
CYNTHIA PAIGE	Clinical Income
STEPHEN KAMIN	Clinical Income

Person Name	Explanation
SEENA AISNER	Clinical Income
PATRICK FOYE	Clinical Income
MING XIONG	Clinical Income
BARRY DASHEFSKY	Clinical Income

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2007 Compensation Schedule

Name: UNIVERSITY PHYSICIAN ASSOCIATES OF NEW JERSEY

EIN: 22-2095812

Software ID: 07000149

Software Version: v1.00

Name	Related Organization		Relationship	Compensation Amount	Benefit Plan Contributions	Expense Account	Compensation Description
	Name	EIN					
MARK JORDAN	UMDNJ	22-1775306	SUPPORTING ORGANIZATION	403,339	0	0	FACULTY PAY
STEPHEN KAMIN	UMDNJ	22-1775306	SUPPORTING ORGANIZATION	269,699	0	0	FACULTY PAY
KENDELL SPROTT	UMDNJ	22-1775306	SUPPORTING ORGANIZATION	318,572	0	0	FACULTY PAY
ROBERT HEARY	UMDNJ	22-1775306	SUPPORTING ORGANIZATION	201,688	0	0	FACULTY PAY

Name	Related Organization		Relationship	Compensation Amount	Benefit Plan Contributions	Expense Account	Compensation Description
	Name	EIN					
FRANK LIPORACE	UMDNJ	22-1775306	SUPPORTING ORGANIZATION	195,560	0	0	FACULTY PAY
CHARLES PRESTIGIACOMO	UMDNJ	22-1775306	SUPPORTING ORGANIZATION	183,941	0	0	FACULTY PAY
PATRICK FOYE	UMDNJ	22-1775306	SUPPORTING ORGANIZATION	160,316	0	0	FACULTY PAY
CHERYL KENNEDY	UMDNJ	22-1775306	SUPPORTING ORGANIZATION	224,080	0	0	FACULTY PAY

Name	Related Organization		Relationship	Compensation Amount	Benefit Plan Contributions	Expense Account	Compensation Description
	Name	EIN					
ADRIAN FISHER	UMDNJ	22-1775306	SUPPORTING ORGANIZATION	171,208	0	0	FACULTY PAY
VINCENT BARBA	UMDNJ	22-1775306	SUPPORTING ORGANIZATION	291,032	0	0	FACULTY PAY
MICHAEL JAKER	UMDNJ	22-1775306	SUPPORTING ORGANIZATION	226,593	0	0	FACULTY PAY
LARRY FROHMAN	UMDNJ	22-1775306	SUPPORTING ORGANIZATION	193,299	0	0	FACULTY PAY

Name	Related Organization		Relationship	Compensation Amount	Benefit Plan Contributions	Expense Account	Compensation Description
	Name	EIN					
MARCIA BLACKSIN	UMDNJ	22-1775306	SUPPORTING ORGANIZATION	188,953	0	0	FACULTY PAY
MITCHELL F REITER	UMDNJ	22-1775306	SUPPORTING ORGANIZATION	65,346	0	0	FACULTY PAY
EVELYN MONTALVO STANTON	UMDNJ	22-1775306	SUPPORTING ORGANIZATION	322,105	0	0	FACULTY PAY
ANDREW KAUFMAN	UMDNJ	22-1775306	SUPPORTING ORGANIZATION	494,978	0	0	FACULTY PAY

Name	Related Organization		Relationship	Compensation Amount	Benefit Plan Contributions	Expense Account	Compensation Description
	Name	EIN					
SEENA AISNER	UMDNJ	22-1775306	SUPPORTING ORGANIZATION	275,272	0	0	FACULTY PAY
DOLLY RAZDAN	UMDNJ	22-1775306	SUPPORTING ORGANIZATION	190,856	0	0	FACULTY PAY
LAWRENCE HARRISON	UMDNJ	22-1775306	SUPPORTING ORGANIZATION	345,983	0	0	FACULTY PAY
EDWIN DEITCH	UMDNJ	22-1775306	SUPPORTING ORGANIZATION	646,558	0	0	FACULTY PAY

Name	Related Organization		Relationship	Compensation Amount	Benefit Plan Contributions	Expense Account	Compensation Description
	Name	EIN					
ROBERT JOHNSON	UMDNJ	22-1775306	SUPPORTING ORGANIZATION	441,524	0	0	FACULTY PAY
BARRY DASHEFSKY	UMDNJ	22-1775306	SUPPORTING ORGANIZTION	189,800	0	0	FACULTY PAY
MING XIONG	UMDNJ	22-1775306	SUPPORTING ORGANIZATION	365,383	0	0	FACULTY PAY
CYNTHIA PAIGE	UMDNJ	22-1775306	SUPPORTING ORGANIZATION	154,677	0	0	FACULTY PAY

Name	Related Organization		Relationship	Compensation Amount	Benefit Plan Contributions	Expense Account	Compensation Description
	Name	EIN					
CHRISTINE GERULA	UMDNJ	22-1775306	SUPPORTING ORGANIZATION	167,174	0	0	FACULTY PAY
DAVID MARKS	UMDNJ	22-1775306	SUPPORTING ORGANIZATION	141,724	0	0	FACULTY PAY
ANTHONY CAGGIANO	UMDNJ	22-1775306	SUPPORTING ORGANIZATION	91,361	0	0	FACULTY PAY
IRA GOLDSTEIN	UMDNJ	22-1775306	SUPPORTING ORGANIZATION	159,310	0	0	FACULTY PAY

Name	Related Organization		Relationship	Compensation Amount	Benefit Plan Contributions	Expense Account	Compensation Description
	Name	EIN					
MICHAEL SIRKIN	UMDNJ	22-1775306	SUPPORTING ORGANIZATION	373,453	0	0	FACULTY PAY

TY 2007 Depreciation and Depletion Schedule

Name: UNIVERSITY PHYSICIAN ASSOCIATES OF NEW JERSEY

EIN: 22-2095812

Software ID: 07000149

Software Version: v1.00

Asset	Amount
Computer Equipment	204,999

TY 2007 General Explanation Attachment

Name: UNIVERSITY PHYSICIAN ASSOCIATES OF NEW JERSEY

EIN: 22-2095812

Software ID: 07000149

Software Version: v1.00

Identifier	Return Reference	Explanation
Amended Form 990	Form 990, Part V-A , Statement 7	The return is being amended because of a typographical error The total compensation for L arry Frohman, President of the Board, w as listed incorrectly as $893,341 instead of $89,33 4 The large discrepancy w as identified in a review of Form 990 by members of the Board

TY 2007 Land etc. Schedule

Name: UNIVERSITY PHYSICIAN ASSOCIATES OF NEW JERSEY

EIN: 22-2095812

Software ID: 07000149

Software Version: v1.00

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Computer Equipment	5,337,562	5,169,052	168,510

TY 2007 Other Assets Schedule

Name: UNIVERSITY PHYSICIAN ASSOCIATES OF NEW JERSEY

EIN: 22-2095812

Software ID: 07000149

Software Version: v1.00

Description	Beginning of Year Amount	End of Year Amount
COMMON STOCK	228,116	203,390

TY 2007 Other Changes in Net Assets Schedule

Name: UNIVERSITY PHYSICIAN ASSOCIATES OF NEW JERSEY

EIN: 22-2095812

Software ID: 07000149

Software Version: v1.00

Description	Amount
CHANGE IN NET ASSET	-24,726

TY 2007 Contractor Compensation Explanation

Name: UNIVERSITY PHYSICIAN ASSOCIATES OF NEW JERSEY
EIN: 22-2095812
Software ID: 07000149
Software Version: v1.00

Contractor	Explanation
ROBERT HEARY	Clinical Income
MITCHELL F REITER	Clinical Income
WOLFF SAMSON PC	Legal Service
CHARLES PRESTIGIACOMO	Clinical Income
FRANK LIPORACE	Clinical Income