### Form 990-EZ

## **Short Form Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2015

OMB No. 1545-1150

Open to Public Inspection

Form 990-EZ (2015)

Department of the Treasury Internal Revenue Service

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

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990. A For the 2015 calendar year, or tax year beginning 2015, and ending 20 B Check if applicable: C Name of organization D Employer identification number Address change NEW JERSEY FUNERAL DIRECTORS - PAC Name change 22-3758321 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number Initial return Final return/terminated (732) 974-9444 City or town, state or province, country, and ZIP or foreign postal code Group Exemption Amended return MANASQUAN, NJ 08736 Application pending Number > X Cash H Check ► | X | if the organization is not G Accounting Method: Other (specify) Website: ▶ required to attach Schedule B Tax-exempt status (check only one) ) **◀** (insert no.) 4947(a)(1) or X | 527 501(c) ( (Form 990, 990-EZ, or 990-PF). X Other PAC **K** Form of organization: Corporation Trust Association 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 186,741. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I 185,915. 2 2 3 3 4 826. 4 5 a Gross amount from sale of assets other than inventory **b** Less: cost or other basis and sales expenses . . . . . . . . . . . . Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue **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) 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 6d 7 a Gross sales of inventory, less returns and allowances Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7с 8 9 186,741. 9 10 Grants and similar amounts paid (list in Schedule O) 11 11 12 12 13 13 14 14 15 15 16 Other expenses (describe in Schedule O) . . . . . . . . . ATCH. 2. . . . . . . . . 171,476. 16 171,476. 17 18 15,265. Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 185,623. 19 20 20 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . 200,888.

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2015)

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| Form 990-EZ (2015)  | 1  | · · · · · · · · · · · · · · · · · · ·                             |  |  | Page                                       |
|---|--|---|--|--|--|
| Part II Balance Sheets (see the instructions for Part II Check if the organization used Schedule O to   |  | ation in this Dort II   |  |  | [37  |
| Check if the organization used Schedule O to  | respond to any ques  | (A) Beginning of year   | · · · · · ·                                  |  | X<br>End of year                           |
| 22 Cash, savings, and investments ATTACHMENT .  | 3  | 185,623   | - 22   | (D) E                                  | 200,888.                                   |
| 23 Land and buildings   |  | 0   |  |  | 0.   |
| 24 Other assets (describe in Schedule O)  |  | 0   |  |  | 0.   |
| 25 Total assets   |  | 185,623   |  |  | 200,888.                                   |
| Total liabilities (describe in Schedule O)  |  | 0   |  | ······································ | 0.   |
| 27 Net assets or fund balances (line 27 of column (B) must agree  |  | 185,623   |  |  | 200,888.                                   |
| Part III Statement of Program Service Accomplishm Check if the organization used Schedule O to res What is the organization's primary exempt purpose? POLITICAL                       | spond to any question                                      | n in this Part IIÎ  |  | quired fo                              | penses<br>r section<br>d 501(c)(4)         |
| Describe the organization's program service accomplishments as measured by expenses. In a clear and concise manner, do persons benefited, and other relevant information for each pro | for each of its three I escribe the services pagram title. | argest program service provided, the number                       | es. orga                                     |  | s; optional for                            |
| 8 \$155,372 OF POLITICAL CONTRIBUTIONS MA<br>AND LEGISLATIVE LEADERSHIP COMMITTEES.   | DE TO NEW JERS   | EY CANDIDATES   |  |  |  |
| (Grants \$ ) If this amount includes 9  | des foreign grants, check                                  | here ▶  | 28a  |  | 155,372                                    |
|   |  |   |  |  |  |
| (Grants \$ ) If this amount include (Grants \$ )  | des foreign grants, check                                  | here ▶  | 29a  |  |  |
|   |  |   |  |  |  |
| (Grants \$ ) If this amount include   | des foreign grants, check                                  | here  | 30a  |  |  |
| 11 Other program services (describe in Schedule O)  |  |   |  |  |  |
|   | des foreign grants, check                                  |   | 31a  |  |  |
| Total program service expenses (add lines 28a through 31a)  |  |   | ▶ 32   |  | 155,372.                                   |
| Part IV List of Officers, Directors, Trustees, and Key Emp  | loyees (list each one                                      | even if not compensa  | ted - see t                                  | the instru                             |  |
| Check if the organization used Schedule O to response   | ond to any question in                                     | this Part IV  |  |  |  |
|   | (b) Average  | (C) Reportable  | (d) Health                                   | benefits,                              |  |
| (a) Name and title  | hours per week<br>devoted to position                      | compensation<br>(Forms W-2/1099-MISC)<br>(if not paid, enter -0-) | contributions<br>benefit pla<br>deferred cor | ans, and                               | (e) Estimated amount of other compensation |
| VILSON H BEEBE JR   |  |   |  |  |  |
| REASURER  | 1.00   | 0.  |  | 0.                                     | 0.   |
| DRLANDO G. COVINGTON JR., CFSP  |  |   |  |  |  |
| PRESIDENT   | 1.00   | 0.  |  | 0.                                     | 0.   |
| RONALD M. MOWAD, SR.  |  |   |  |  |  |
| COMMITTEE MEMBER  | 1.00   | 0.  |  | 0.                                     | 0.   |
| GINNY SANZO, CFSP   |  |   |  |  |  |
| COMMITTEE MEMBER  | 1.00   | 0.  |  | 0.                                     | 0.   |
| JOHN K. BALTZ   |  |   |  |  |  |
| ECRETARY  | 1.00   | 0.  |  | 0.                                     | 0.   |
| PANIEL JAMES WRIGHT   | _  |   |  |  |  |
| COMMITTEE MEMBER  | 1.00   | 0.  |  | 0.                                     | 0.   |
|   |  |   |  |  |  |
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| 95503M F678   | V 15-5.3F  | 027482  |  | F                                      | Form <b>990-EZ</b> (2015)                  |

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| Yes   Note   Yes   Note   Yes   Note   Yes           | Par  |   | in th          | e  | rage    |
|--|------|---|----------------|--|---------|
| 33 Did the organization engage in any significant activity not previously reported to the RSP If Yes, "provide a detailed description of each activity in Schedule D.  34 Were any significant changes made to the organizing or governing documents? If Yes," attach a conformed copy of the semented documents if they reflect a change to the organization's name. Otherwise, explain the part of the semented documents of they reflect a change to the organization's name. Otherwise, explain the activities of the semented documents as they reflect a change of the organization should be prevented on lines 2, 6 and 7a among others?  b If Yes," to line 35a, lius the organization field a flore sept of the report of the organization in selection 603(e) notice reporting and proxy tax requirements during the year? If Yes, "complete Schedule C. Part II  |      | instructions for Part V) Check if the organization used Schedule O to respond to any question in this                 | Part \         | /  | X       |
| detailed description of each activity in Schedule O.  Were any significant changes made to the organizations and copy of the amended documents if they reflect a change to the organizations name. Otherwise, explain the copy of the amended documents if they reflect a change to the organizations and copy of the amended documents if they reflect a change to the organizations and copy of the amended documents if they reflect a change to the organizations and copy of the amended documents if they reflect a change to the organizations are considered of the copy of the c      |      |   |                | Yes  | No      |
| 34 Were any significant changes made to the organization of overhied a change to the organization have commits if they rolled a change to the organizations name. Otherwise, explain the copy of the amended deciments if they rolled a change to the organizations name of the copy.  55a 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, 6s, and 7a ameng others)?  5 If "Yes" to line 35s, has the organization field a form \$90.1 for the year? If "Yes," complete societies (\$1,000 or more during the year from business activities (\$1,000 or more during the year from business activities (\$1,000 or ganization as section 501(c)(4), 501(c)(5), or 501(c)(6), or 501(c)(6) organization subject to section 6035(e) notice reporting, and proxy tax requirements during the year? If "Yes," complete societies (\$1,000 or 501(c)(6) organization subject to section 6035(e) notice reporting, and proxy tax requirements during the year? If "Yes," complete societies of the organization disposition of net assets during the year? If "Yes," complete societies parts of Schedule N.  50 Did the organization business during the year? If "Yes," complete societies on the organization business and any location of the organization that the end of the tax year covered by this return?  50 Did the organization borrow from, or make any losars to, any officer, director, frustee, or key employee or were any such losars made any provers and still uses of club facilities.  50 Did the organization borrow from or make any losars to, any officer, director, frustee, or key employee or were any such losars to provide societies.  50 Did the organization borrow from or make any losars to, any officer, director, frustee, or key employee or were any such losars to provide societies.  50 Did the organization borrow from or make any losars to, any officer, director, frustee, or key employee or were any such losars.  51 Did the organization borrow from the frust into the f | 33   |   |                |  |         |
| change on schedule U gibe instructions) . 34   | 34   | Were any significant changes made to the organizing or governing documents? If "You" attach a conformed               | 33             | ļ  | X       |
| change on schedule U gibe instructions) . 34   | 0.1  | copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the             | ١              |  | ١,,     |
| activities (such as those reported on lines 2, 6s, and 7s, among others)?  b If "Yes," to line 33s, has the organization field a Form 990-17 the year? If "No provide an explanation in Schedule QATCS, 4.  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 lax requirements during the year? If "Yes," complete Schedule C, Part III  | 35 2 | change on Schedule O (see instructions)   | 34             |  | X       |
| b If "Yes," to line 35s, has the organization select of the year" If "No," provide an explanation in Schedulac AZCS 4.  Was the organization as section 501(c)(d), 501(c)(5), 051(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year" If "Yes," complete Schedula C, Part III.  36 Did the organization undergo a liguidation, dissolution, termination, or significant disposition of net assets during the year" If "Yes," complete expenditures, direct or indirect, as described in the instructions ► 37a   37b      | 33 a | activities (such as those reported on lines 2. 6a, and 7a, among others)?   |                |  |         |
| c. Was the organization a section \$01(c)(4), 501(c)(5), or 501(c)(6), organization subject to section 603(e) notice, reporting, and proxy lax requirements during the year? If "Yes," complete Schedule C, Part III II.  36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete spaticable parts of Schedule N.  37a Enter amount of political expenditures, direct or indirect, as described in the instructions P.  37b Did the organization tile Form 1120-POL for this year?  37b Did the organization order for order with the meaning of section 51(c)(7) organizations. Enter amount of political expenditures, since the organization during the year and still outstanding at the end of the tax year covered by this return?  37b If "Yes," complete Schedule L, Part II and enter the total amount involved.  37c If "Yes," complete Schedule L, Part II and enter the total amount involved.  38d X  39 Section 501(c)(7) organizations. Enter amount of tax with the year under section 4911 → section 4912 → section 4912 → section 4912 → section 4912 → section 4913 → section 4914 → sec     | h    |   |                | ļ  | X       |
| So Did the organization undergo a liquidistion, dissolution, termination, or significant disposition of net assets during the year/ If "yes," complete applicable parts of Schedule N.  37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶   37a    b 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? .  b If "Yes," complete Schedule L. Part II and enter the total amount involved.  38a Section 501(c)(7) organizations Enter amount of tax imposed on the organization during the year undersection 4911 ▶ section 4912 ▶ section 4955 ▶ Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year undersection 4911 ▶ section 4912 ▶ section 4955 ▶ Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization during the year undersection 4911 ▶ section 4912 ▶ section 4955 ▶ Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization during the year undersection 4911 ▶ section 4912 ▶ section 4955 ▶ Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization during the year undersection 4912 ▶ section 4955 ▶ 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.  4 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.  4 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.  4 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 400 to the organizati  |      |   | 350            | <u> </u>   |         |
| Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "rec," complete applicable parts of Schedule N  | ·    |   | 125.           |  | v       |
| during the year? If "Yes," complete applicable parts of Schedule N.  37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a    37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a    37b    37c    37a    37a    37a    37b    37b    37b    37c    37d          | 36   |   | 35C            |  | _^_     |
| 37a b Did the organization file Form 1120-PDL for this year?  38b Did the organization blorrow 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?  38b Jif Yes," complete Schedule L, Part II and enter the total amount involved.  38c Section 501(c)(7) organizations. Enter.  38a Jag Section 501(c)(7) organizations. Enter.  38a Jag Section 501(c)(7) organizations. Enter.  38a Jag Jag Jag Jag Jag Jag Jag Jag Jag Ja  |      |   | 20             |  | v       |
| b Did the organization file Form 1120-POL for this year?  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?  b If "Yes," complete Schedule L, Part II and enter the total amount involved.  38b 38 section 501(c)(7) organizations. Enter amount do flat involved.  39a 1 initiation fees and capital contributions included on line 9 for public use of club facilities.  39a 1 section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year undersection 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year undersection 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4956 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 990-527 if "Yes," complete Schedule L, Part I .  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  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.  40 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  List the states with which a copy of this return is filled ▶  41 Located at ₱ NOTE 34 SOUTH MALL, NJ  b At any time during the calendar year, did the organization mainterest 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 accountry? If "Yes," enter the name of the foreign country. ▶  See the instructions for exceptions and filing requirements for FinCEN Form 1041 - Check here.  and enter th      | 37 a |   | 36             | Section  | Λ       |
| Bite 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?  b If "Yes," complete Schedule L, Part II and enter the total amount involved.  138b   Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on fine 9  59a   Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶   |      |   | 27h            |  | Sec.    |
| any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?.  b If "Yes," complete Schedule L, Part II and enter the total amount involved.  38b  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on line 9.  b Gross receipts, included on line 9 for public use of club facilities.  39b  Conserved that have receipts and the section of the organization during the year under: section 4911 ▶ section 4915 ▶ section 4915 ▶  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-E7 If "Yes," complete Schedule L, Part I.  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization angers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.  a All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 888-T.  List the states with which a copy of this return is filed ▶  42a The organization's blocks are in care of ▶ ORGANIZATION Telephone no. ▶ 732-974-9444  Located at ▶ ROUTE 34 SOUTH MALL, NJ To Telephone no. ▶ 732-974-9444  Located at ▶ ROUTE 34 SOUTH MALL, NJ To Telephone no. ▶ 732-974-9444  Located at ▶ ROUTE 34 SOUTH MALL, NJ To Telephone no. ▶ 732-974-9444  Located at PROUTE 34 SOUTH MALL, NJ To Telephone no. ▶ 732-974-9444  15 Yes No affinition and a foreign country. ▶  See the instructions for exceptions and filing requirements for FincEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR).  A tary time during the calendar year, did the organization maintain an office outside the U.S.?.  b Did the organization       |      |   | 3/6            | 100000   |         |
| b If "Yes," complete Schedule L, Part II and enter the total amount involved.  38b   Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under.  59c   Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.  59c   Section 4911   Section 4912   Section 4915   Section 4915   Section 4916   Section 4916   Section 4911   Section 4912   Section 4915   Section 4916   Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4918   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   Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization the foreign and 501(c)(29) organizations aparty to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T   40c   X    411 List the states with which a copy of this return is filed   ►    422 The organization's books are in care of   ORGANIZATION   Telephone no.   732-974-9444    423 The organization's books are in care of   ORGANIZATION   Telephone no.   733-974-9444    424 The organization's books are in care of   ORGANIZATION   Telephone no.   732-974-9444    425 The organization's fore society in still the organization have an interest in or a signature or other authority over a financial account in a foreign country;   New 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;   Sec the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account in a foreign country;   Sec the instructions for exceptions and filing requirements for FinCEN Form 114. Report o      |      |   | 200            | 25.962   | Y       |
| a Initiation fees and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities  39b  Gross receipts, included on line 9, for public use of club facilities  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ section 4951 ▶  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 990-272 /* If "Yes," complete Schedule L, Part I  40b  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  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization .  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  | b    | If "Yes" complete Schedule I. Part II and enter the total amount involved.  | 30a            | STATE OF THE PARTY | A       |
| a Initiation fees and capital contributions included on line 9.  b Gross receipts, included on line 9, for public use of club facilities  40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ section 4912 ▶ section 4912 ▶ section 4915 ▶  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-EZ7 /ff''vs," complete Schedule L, Part I  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.  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.  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  11 List the states with which a copy of this return is filed ▶  12 The organization's books are in care of ▶ ORGANIZATION  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: ▶  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the U.S.?  f "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).  c At any time during the calendar year, did the organization maintain an office outside the U.S.?  f "Yes," enter the name of the foreign country: ▶  See the instructions for exceptions and filing requirements for FinCEN Form      |      |   |                | BE V   |         |
| b Gross receipts, included on line 9, for public use of club facilities  |      |   | 237            |  |         |
| Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4915 ▶ 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  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  | _    |   |                |  |         |
| section 4911   |      |   | 1331           |  |         |
| 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  |      |   |                |  |         |
| 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 1  | b    | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958           |                |  |         |
| that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  |      |   |                |  |         |
| 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.  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.  List the states with which a copy of this return is filed ▶ Located at ▶ ROUTE 34 SOUTH WALL, NJ Telephone no. ▶ 732-974-9444 08736  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; lif "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the U.S.?. 42c X if "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 Check here, and enter the amount of tax-exempt interest received or accrued during the tax year. ▶  143  144a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  b Did the organization perate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  44b X  45c Did the organization receive any payments for indoor tanning services during the year?  45d Did the organization have 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 (2015) 45d X  |      |   | 40b            |  |         |
| on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 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 886-T  1 List the states with which a copy of this return is filed ▶ 1 The organization's books are in care of ▶ ORGANIZATION  | С    |   |                | 0.39   | 000     |
| d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line  40c reimbursed by the organization  • 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  List the states with which a copy of this return is filed ▶  1 List the states with which a copy of this return is filed ▶  1 List the states with which a copy of this return is filed ▶  1 Located at ▶ ROUTE 34 SOUTH WALL, NJ Telephone no. ▶ 732-974-9444  2 The organization's books are in care of ▶ ORGANIZATION Telephone no. ▶ 2IP + 4 ▶ 08736  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).  c At any time during the calendar year, did the organization maintain an office outside the U.S.?. 42c   |      |   |                | 333  |         |
| d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line  40c reimbursed by the organization .  |      |   |                |  |         |
| All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 886-T.  40e  | d    |   | 1000           | E C  |         |
| 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 8866-T  1  |      |   | THE L          | 343  |         |
| transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed ▶  Telephone no. ▶ 732-974-9444  The organization's books are in care of ▶ ○RGANIZATION Located at ▶ ROUTE 34 SOUTH WALL, NJ  BY  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).  c At any time during the calendar year, did the organization maintain an office outside the U.S.?.  42c  | е    |   | No.            |  |         |
| List the states with which a copy of this return is filed ►  The organization's books are in care of ▶ ORGANIZATION  Telephone no. ▶ 732-974-9444  Located at ▶ ROUTE 34 SOUTH WALL, NJ  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).  C At any time during the calendar year, did the organization maintain an office outside the U.S.?   |      |   | 40e            | -  | X       |
| 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).  c At any time during the calendar year, did the organization maintain an office outside the U.S.?   | 41   |   |                |  |         |
| 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).  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: ▶  3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here. and enter the amount of tax-exempt interest received or accrued during the tax year. ▶  43 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  | 42a  | Tolophono no. P   | 4-94           | 44   |         |
| a financial account in a foreign country (such as a bank account, or other financial account)?  If "Yes," enter the name of the foreign country: ▶  See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the U.S.?   |      | Located at ▶ ROUTE 34 SOUTH WALL, NJ ZIP+4▶ 08736   |                |  |         |
| a financial account in a foreign country (such as a bank account, or other financial account)?  If "Yes," enter the name of the foreign country: ▶  See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the U.S.?   | b    | At any time during the calendar year, did the organization have an interest in or a signature or other authority over | r              | Yes  | No      |
| See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the U.S.?  |      | a financial account in a foreign country (such as a bank account, securities account, or other financial account)?    |                |  | X       |
| Financial Accounts (FBAR).  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: ▶  |                | Min of   |         |
| c At any time during the calendar year, did the organization maintain an office outside the U.S.?  |      |   | 9              | 156  |         |
| If "Yes," enter the name of the foreign country:   Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here.  and enter the amount of tax-exempt interest received or accrued during the tax year.  43  Yes No  44  Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  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.  c Did the organization receive any payments for indoor tanning services during the year?  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.  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b 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).   |      | ` '   |                | The state of   |         |
| Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here.  and enter the amount of tax-exempt interest received or accrued during the tax year.    Yes   No   | С    |   | 42c            |  | X       |
| and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43  Yes No  144 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. 44a X  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 X  C Did the organization receive any payments for indoor tanning services during the year? 44c X  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  15a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a X  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 X   |      |   |                |  | <b></b> |
| A4a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  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.  c Did the organization receive any payments for indoor tanning services during the year?  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.  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b 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).  | 43   |   |                | . ▶  |         |
| Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  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.  c Did the organization receive any payments for indoor tanning services during the year?  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.  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b 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)   |      | and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43                              |                |  |         |
| completed instead of Form 990-EZ.  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.  c Did the organization receive any payments for indoor tanning services during the year?  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)?  b 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).   |      |   |                | Yes  | 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.  c Did the organization receive any payments for indoor tanning services during the year?  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.  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b 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).   | 44 a |   |                |  |         |
| c Did the organization receive any payments for indoor tanning services during the year?  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  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b 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).  |      | completed instead of Form 990-EZ  | 44a            |  | X       |
| c Did the organization receive any payments for indoor tanning services during the year?   | b    |   |                | MARK S   |         |
| 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  |      | completed instead of Form 990-EZ  | 44b            |  |         |
| explanation in Schedule O  | _    | Did the organization receive any payments for indoor tanning services during the year?                                | 44c            |  | X       |
| b Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | d    |   | Si this        | 180  | PER     |
| b 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)   |      | explanation in Schedule O   | 44d            |  |         |
| 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)  | _    | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                               | 45a            |  | X       |
| Form 990-EZ (see instructions). 45b X  JSA  Form 990-EZ (see instructions). (2015)   | b    | Did the organization receive any payment from or engage in any transaction with a controlled entity within the        | 770            | 255  |         |
| JSA Form <b>990-F7</b> (2015)  |      | meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of                  | KER            | 92%  | THE     |
| JSA Form <b>990-F7</b> (2015)  |      | Form 990-E∠ (see instructions)  |                |  |         |
|  |      | For   | n <b>990</b> - | - <b>EZ</b> (2   | (015    |

| Form 990-                                    | EZ (2015)  |  |                         |                              | *****                       |   |                 |           | Page /                                  |
|--|--|--|-------------------------|------------------------------|-----------------------------|---|-----------------|-----------|---|
| <b>46</b> D                                  | Did the organization engage, directly or   | e implime which improve the contra                 |                         |                              | - 16 - f - · · · ·          | ***                                     | \$2000 PM       | Yes       | No                                      |
| to to  | o candidates for public office? If "Yes," o  | nunectly, in political C<br>complete Schedule C. F | zampaign actr<br>Part I | villes on bena               | all of or in                | oppositio                               | on   46         |           | х                                       |
| Part VI                                      | Section 501(c)(3) organization   | is only  | alti                    |                              |                             | · · · · · ·                             | 40              |           |   |
|  | All section 501(c)(3) organiza   |  | estions 47-4            | 9b and 52. a                 | and comp                    | lete the                                | tables fo       | r line    | 2                                       |
|  | 50 and 51.   | 4-   |                         | 0.0 0.1.0 02, 0              |                             | ,010 1110                               |                 |           | •                                       |
|  | Check if the organization used   | Schedule O to respo                                | nd to any que           | estion in this               | Part VI                     |   |                 |           |   |
| <b>47</b> D                                  | Did the organization engage in lobbyin   |  |                         |                              |                             |   |                 | Yes       | No                                      |
| <b>7.</b> V                                  | ear? If "Yes," complete Schedule C, Parl   | tll  | section 50 I(II         | ) election in                | enect dur                   | ng me ta                                | 1X 47           |           |   |
| year? If "Yes," complete Schedule C, Part II |  |  |                         |                              |                             |   |                 |           |   |
|  | old the organization make any transfers  |  |                         |                              |                             |   |                 |           |   |
|  | "Yes," was the related organization a  |  |                         |                              |                             |   |                 |           |   |
| <b>50</b> C                                  | complete this table for the organization   | n's five highest comper                            | nsated employ           | ees (other th                | an officers                 | , director                              | s, trustee      | es an     | d ke                                    |
| е  | mployees) who each received more tha   | in \$100,000 of compe                              | nsation from th         | he organizatio               | on. If there                | is none,                                | enter "No       | ne."      |   |
|  | (a) Name and title of each employee  | (b) Avera  | ige (c)                 | Reportable                   | (d) Health<br>contributions | benefits.                               | (e) Estima      |           | ount o                                  |
|  | (a) Name and the or each employee  | devoted to p                                       | osition (Forms          | mpensation<br>W-2/1099-MISC) | benefit plans,<br>comper    | and deferred                            | other co        | mpens     | ation                                   |
|  |  |  |                         |                              |                             |   |                 |           |   |
|  |  |  |                         | ****                         |                             |   |                 |           |   |
|  |  |  |                         |                              |                             |   |                 |           |   |
|  |  |  |                         |                              |                             |   |                 |           |   |
|  |  |  |                         |                              |                             |   |                 |           |   |
|  |  |  |                         |                              |                             |   |                 |           |   |
|  |  |  |                         |                              |                             |   |                 |           |   |
|  |  |  |                         |                              |                             |   |                 |           |   |
|  |  |  |                         |                              |                             |   |                 |           |   |
|  | (a) Name and business address of each indepe   | ndent contractor                                   | (b) Ty                  | ype of service               |                             | (c) C                                   | ompensation     | n         |   |
|  |  |  |                         |                              |                             |   |                 |           |   |
|  |  |  |                         |                              |                             |   |                 |           |   |
|  |  |  |                         |                              |                             | *************************************** |                 |           |   |
|  |  |  |                         |                              |                             |   |                 |           |   |
| <b>d</b> To                                  | otal number of other independent contr   | actors each receiving                              | over \$100 000          | ) . •                        |                             | <u> </u>                                |                 |           |   |
|  | id the organization complete Sched   | _  |                         |                              | ione must                   | ottool-                                 |                 |           | *************************************** |
| co   | ompleted Schedule A  |  |                         |                              |                             | 1                                       | ▶ Yes           |           | No                                      |
| nder penal                                   | Ities of perjury, I declare that I have examined this<br>, and complete. Declaration of preparer (other than | s return, including accompany                      | ving schedules and      | d statements, and            | to the best                 | of my know                              | ledge and b     | elief, it | is                                      |
|  | <b>\</b>   |  |                         |                              | 03/15/                      | 2016                                    |                 |           |   |
| ign  | Signature of officer   |  |                         |                              | Date                        |   |                 |           |   |
| lere   | BARBARA GUINTA   |  | CFO                     |                              |                             |   |                 |           |   |
|  | Type or print name and title   |  |                         |                              |                             |   |                 |           |   |
| aid  | Print/Type preparer's name   | Preparer's signature                               |                         | Date                         | Chec                        | k if                                    | PTIN            |           |   |
| aiu<br>reparer                               | RICHARD C COYNE  |  |                         |                              | ŧ                           | L                                       | P00634          | 888       |   |
| se Only                                      | LEII   | + BROWN PC   |                         |                              | Firm's EIN                  |   | 027092          |           |   |
| se Only                                      | Firm's address ▶ 506 CARNEGIE  | CENTER STE 400                                     | *****                   |                              | Phone no.                   |   | 520-11          | 88        |   |
|  | PRINCETON, N   | J 08540-6243                                       |                         |                              | ···                         |   |                 |           |   |
| lay the If                                   | RS discuss this return with the prepare  | r shown above? See in:                             | structions              |                              |                             |   | ►XYes           |           | No                                      |
|  |  |  |                         |                              |                             |   | Form <b>990</b> | -EZ       | 2015                                    |

#### SCHEDULE O

(Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of the organization Employer identification number NEW JERSEY FUNERAL DIRECTORS - PAC 22-3758321 ATTACHMENT 1 FORM 990EZ, PART I - INVESTMENT INCOME DESCRIPTION AMOUNT INTEREST INCOME 826. TOTAL 826. ATTACHMENT 2 FORM 990EZ, PART I - OTHER EXPENSES POLITICAL CONTRIBUTIONS 155,372. PROFESSIONAL FEES 5,100. MANAGEMENT FEES 7,068. MISCELLANEOUS 238. EXPENDITURES ON BEHALF OF COMMITTEES 3,524. TAXES 174. TOTAL 171,476. ATTACHMENT 3 FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS BEGINNING END DESCRIPTION OF YEAR OF YEAR CASH 185,623. 200,888. TOTALS 185,623. 200,888. ATTACHMENT 4 FORM 990EZ, PART V - EXPLANATION FOR BUSINESS INCOME NOT REPORTED ON FORM 990-T

1120-POL FILED

# Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868

OMB No. 1545-1709

| internal Revenu                        | e Selvice   Printering appart of the or   | ooo ana na                | manuchona la di WWW.ma     | .govioimeee.              |  |                |  |
|--|---|---------------------------|----------------------------|---------------------------|--|----------------|--|
| If you are                             | filing for an Automatic 3-Month Extension,  | complete d                | only Part I and check th   | nis box                   |  | ▶ X            |  |
|  | filing for an <b>Additional (Not Automatic) 3-M</b><br>Diete Part II unless you have already been gra |                           |                            |                           | -  | 68             |  |
| Electronic fi                          | iling (e-file). You can electronically file Form  | 8868 if yo                | ou need a 3-month auto     | omatic extension of tim   | ne to file (   | 6 months for   |  |
| a corporatio                           | n required to file Form 990-T), or an addition  | nal (not au               | tomatic) 3-month exter     | ision of time. You can    | electronic   | ally file Form |  |
| Peturn for                             | quest an extension of time to file any of the   | Torms liste               | ed in Part I or Part II w  | ith the exception of F    | orm 8870,  | Information    |  |
| instructions)                          | Transfers Associated With Certain Personal For more details on the electronic filing of the           | al benetil<br>his form vi | contracts, which mus       | t be sent to the IRS      | in paper   | format (see    |  |
|  | tomatic 3-Month Extension of Time. Or   |                           |                            |                           | mies & NO  | ripronis.      |  |
|  | n required to file Form 990-T and requesting  |                           |                            |                           | molete   |                |  |
|  |   |                           |                            |                           |  | - □            |  |
| All other cor                          | porations (including 1120-C filers), partnersh  | ins REMIC                 | e and truete must use      | Form 7004 to request as   | n ovtoncior  | of time        |  |
|  | e tax returns.  | npo, razimo               | os, and trusts must use i  |                           |  |                |  |
|  | Name of exempt organization or other filer, see in  | structions.               |                            | 1                         | r filer's identifying number, see instructions<br>identification number (EIN) or |                |  |
| Type or                                | · ·   |                           |                            | a projection in outloon   | ombor (Line)   | , 0.           |  |
| print                                  | NEW JERSEY FUNERAL DIRECTORS  | - PAC                     |                            | 22-375832                 | 21   |                |  |
| File by the                            | Number, street, and room or suite no. If a P.O. bo  | x, see instru             | ctions.                    | Social security number (S |  |                |  |
| due date for<br>filing your            | PO BOX L  |                           |                            | (2                        | ,  |                |  |
| return. See                            | City, town or post office, state, and ZIP code. For   | a foreign ad              | dress, see instructions.   | <u> </u>                  | ····   |                |  |
| instructions.                          | MANASQUAN, NJ 08736   |                           |                            | ı                         |  |                |  |
| Enter the Re                           | eturn code for the return that this application   | is for (file a            | a separate application fo  | or each return)           | * * * * *  | 01             |  |
| Application                            |   | Return                    | Application                |                           |  | Return         |  |
| ls For                                 |   | Code                      | ls For                     |                           |  | Code           |  |
| Form 990 or                            | Form 990-EZ   | 01                        | Form 990-T (corporat       | ion)                      |  | 07             |  |
| Form 990-Bl                            |   | 02                        | Form 1041-A                | or portation/             |  | 08             |  |
| Form 4720 (                            |   | 03                        | Form 4720 (other tha       | n individual)             |  | 09             |  |
| Form 990-PF                            |   | 04                        | Form 5227                  |                           | ***************************************  | 10             |  |
|  | (sec. 401(a) or 408(a) trust)   | 05                        | Form 6069                  |                           |  |                |  |
|  | (trust other than above)  | 06                        | Form 8870                  |                           | ***************************************  | 11 12          |  |
| The books                              | s are in the care of ▶ORGANIZATION, RC  | OUTE 34                   | SOUTH WALL, NJ             | 08736                     |  | -              |  |
| Telephone                              | e No. ► 732 974-9444  |                           | EAY No. N                  |                           |  |                |  |
|  | anization does not have an office or place of t   | <br>Nusiness in           | AX No. ►                   | this boy                  |  | <b>▶</b> □     |  |
| <ul> <li>If this is for</li> </ul>     | or a Group Return, enter the organization's for   | ır digit Gro              | un Exemption Number (      | GEN)                      | . If th  | nie ie         |  |
| for the whole                          | e group, check this box   | it is for na              | rt of the group, check t   | nis hox                   | and at   |                |  |
|  | e names and EINs of all members the extension   |                           | re or the group, encourt   | "" DOX                    | and at   | tacii          |  |
|  | st an automatic 3-month (6 months for a corp  |                           | auired to file Form 990    | -T) extension of time     |  |                |  |
| until                                  | 08/15_, 20_16_, to file the   |                           |                            |                           | bove. The e  | extension is   |  |
| for the                                | organization's return for:  |                           |                            |                           |  | 3.0010101110   |  |
|  | calendar year 20 15 or  |                           |                            |                           |  |                |  |
|  | tax year beginning  | , 20                      | . and ending               |                           | 20   |                |  |
| -                                      |   |                           |                            |                           |  |                |  |
|  | ix year entered in line 1 is for less than 12 mo  | onths, chec               | k reason: Initial re       | turn Final return         | 1  |                |  |
|  | application is for Form 990-BL, 990-PF, 99  | 0-T 4720                  | or 6069, enter the t       | entative tay less any     | Г  |                |  |
| and the debte and the One instructions |   |                           |                            |                           |  | 0              |  |
|  | application is for Form 990-PF, 990-T,  | 4720 or                   | 6069 enter any ret         | fundable credits and      | J4 3   | 0.             |  |
|  | ed tax payments made. Include any prior year  |                           |                            | disable ofcalls diff.     | 26 6   | 0              |  |
|  | e due. Subtract line 3b from line 3a. Include y   |                           |                            | uired by using EETDS      | 3b \$  | 0.             |  |
|  | onic Federal Tax Payment System). See instruc   |                           | zin with tino form, it fou |                           | 3c \$  | 0.             |  |
|  | are going to make an electronic funds withdrawal  |                           | ) with this Form 8868 ear  |                           |  |                |  |
| netructione                            | gg to mane an electronic failes maidrawai   | tan cot depit             | , mar and roun 0000, 500   | STORING TOUR              | 10012-EO 10  | л раушепт      |  |

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