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

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

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

Department of the Treasury

Open to Public

6

OMB No. 1545-0047

Ins	DIE1	

Inter	nal Reve	nue Serv	vice		Information a	bout Form	990 an	d its i	nstructions	s is at	www.irs.	gov/i	ormy	90.			Inspec	tion
A	For th	e 201	5 cale	endar year, or ta	ax year begiı	nning			, 2015	5, an	d ending	I				, 2		
R /	Check if a	opliachlas	C Nar	ne of organization ${ m N}$	EW JERSEY	STATE	FUNE	RAL	DIRECTO	ORS						ation num	oer	
	_		AS	SOCIATION,	INC									22-601	294	.9		
	Addre			ng business as														
	Name	change	Nur	nber and street (or P	.O. box if mail is	not delivered t	to street	address	5)	Roo	m/suite			lephone n				
	-	return		BOX L									(7	32) 97	74-9	9444		
	termir		City	or town, state or pro	ovince, country, a	and ZIP or fore	eign post	al code										
	Amen	n		NASQUAN, NJ										oss receip			-	,283.
	Applio pendi			ne and address of pr			N H.	BEE	BE JR.				H(a)	Is this a gro subordinate		urn for	Yes	X No
				BOX L MANA									H(b)	Are all subor			Yes	No
<u> </u>		empt st		501(c)(3)	X 501(c) ( 6	5) ┥ (in	sert no.)		4947(a)(1)	or	527			If "No," atta	ach a lis	st. (see instru	ctions)	
J				NJSFDA.ORG									. ,	· ·		number 🕨		
				X Corporation	Trust	Association	Ot	her 🕨			L Year of f	orma	tion:	1910 <b>M</b>	State	e of legal de	omicile:	NJ
Р	art I		Immai	•														
				ribe the organization		-		ctivities	: TO PR	OMO	TE AND			VATE_1	CHE	ART A	ND	
nce		SCI	ENCE	OF EMBALMI	NG_IN_NEV	JERSEY	[											
rna																		
Governance	2			ox ► if the	0		•		•						1	1		0.1
				oting members of											3	<u> </u>		21.
es				ndependent voting											4	<u> </u>		21.
viti				er of individuals en											5			0.
Activities &				er of volunteers (es		.,									6	<u> </u>		26.
				ted business reven											7a			0.
	D	inet u	nrelate	d business taxable	e income from	F0111 990-1,	, line 34	•••			<u></u>	• •		or Year	7b	Cur	rent Y	
		Contri	ibution	a and granta (Dart	VIII line (1h)						-			341,4	73			,925.
anc	8			s and grants (Part										400,0				,369.
Revenue	10			vice revenue (Part										129,1				, <u>509.</u> ,639.
Re	11			ncome (Part VIII, o ue (Part VIII, colur										46,0				, <u>039.</u> 0.
	12			ie - add lines 8 thr										916,6			775	,933.
	13			similar amounts pa										J10,0	0.		115	0.
	14			d to or for member											0.			0.
	4.5			ner compensation,											0.			0.
Expenses	16a			l fundraising fees (l											0.			0.
per	b			ising expenses (Pa														
ŵ	17			ses (Part IX, colun										719,9	90.		862	,639.
				ses. Add lines 13-							••••			719,9				,639.
			•	s expenses. Subtr	· ·									196,6	20.		-86	,706.
s s				•								Begin	ning	of Current	Year	En	d of Yea	ar
Net Assets or Fund Balances	20	Total	assets	(Part X, line 16)							[		5,	310,04	46.	5	,157	,602.
Ass	21			es (Part X, line 26)										227,1	96.		247	,847.
P Ret	22			or fund balances.									5,	082,8	50.	4	,909	,755.
Pa	art II	Sig	gnatu	re Block														
Un	der per	nalties o	of perju	ry, I declare that I ha	ave examined th	is return, incl	uding a	compa	anying sched	lules a	and stateme	ents, a	and to	the best of	of my	knowledge	and b	elief, it is
liu	e, corre		comple	ete. Declaration of pre	parer (other that	i onicer) is ba	seu on a		nation of wh	ich pi	eparer nas	апу к	nowie	uge.				
0:-																		
Sig He	-		Signati	ure of officer										Date				
пе	re																	
			,,	r print name and title											<b>.</b>			
Pai	ч	Print/	Туре р	reparer's name		Preparer's s	ignature			[	Date			Check	_ "	PTIN		
	u parer	RIC	HARD	C COYNE										self-emplo	-	P006		38
	e Only	Firm's	s name	►WITHUM SI	MITH + BR	OWN PC							Firm			202709		
				s ▶506 CARNEGIE									Phor	ne no.	609-	-520-1		
				his return with the				uctions	)	• •			<u></u>			-	'es	No
For	Pape	rwork	Reduc	tion Act Notice, s	ee the separat	e instruction	ns.									For	m 990	<b>0</b> (2015)

For	n 990 (2015)			Page <b>2</b>
Pa	Statement of Program Service Accomp		is Device III	<b>.</b>
1	Check if Schedule O contains a response Briefly describe the organization's mission:	e or note to any line in th	nis Part III	хх
•	ELEVATE THE PROFESSIONAL CHARACTER	R AND EDUCATION (	OF FUNERAL DIRECTORS	
	AND TO ENLIGHTEN AND DIRECT PUBLIC	C OPINION IN REL	ATION TO ENACTING	
	PROPER, JUST AND UNIFORM LAWS ON H	FUNERAL DIRECTIN	G AND EMBALMING IN	
	THE STATE OF NEW JERSEY.			
2	Did the organization undertake any significant pr prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule			ed on the Yes X No
3	Did the organization cease conducting, or maservices? If "Yes," describe these changes on Schedule O.		-	
4	Describe the organization's program service ac expenses. Section $501(c)(3)$ and $501(c)(4)$ orga the total expenses, and revenue, if any, for each p	anizations are required	to report the amount of gra	
4a	(Code:) (Expenses \$	_including grants of \$	) (Revenue \$	)
	ATTACHMENT 1			
4b	(Code:) (Expenses \$	_including grants of \$ _	) (Revenue \$	)
4c	(Code:) (Expenses \$	_including grants of \$ _	) (Revenue \$	)
4d	Other program services (Describe in Schedule O.)	)		
	(Expenses \$ including grants of \$		evenue \$	)
4e	Total program service expenses 🕨			
	020 1.000 15566N F678	V 15-5.3F	027556	Form <b>990</b> (2015)

Form 9	90 (2015)		F	Page 3
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			37
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	-	Х	
6	Part III. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		
0	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
		6		х
7	"Yes," complete Schedule D, Part I. Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		
0	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
3	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	<b>–</b>		
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
••	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
с	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
. –	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
4-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			37
4.5	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			17
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		Х
	If "Yes," complete Schedule G, Part III	19		17

Form 990 (2015)

Form 99	90 (2015)		F	Page 4
Part	V Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		37	
	employees? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			v
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
	to defease any tax-exempt bonds?	24c 24d		
d 25 o	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24u		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		37	
	or IV, and Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	254	х	
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Δ	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	26		
27	related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Х	

Form **990** (2015)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0.			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
4a	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	4-		x
	account)?	4a		
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
50	(FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
vu	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	-		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
n o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the			
o	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organization have excess business holdings at any time during the year?			
-	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	-		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
ь.	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
α	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
~				
	Enter the amount of reserves on hand	14a		Х
		14b		

Form 990 (2015)

Form §	990 (2015) NEW JERSEY STATE FUNERAL DIRECTORS 22-601	2949	F	Page 6
Part	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 22	L		
· u	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent <b>1b</b> 2.	L		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	
а	The organization's CEO, Executive Director, or top management official	15a	X	37
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a		4.0-	v	
	with a taxable entity during the year?	16a	X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the arrangements?	166	v	
Santi	organization's exempt status with respect to such arrangements?	16b	Х	<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ▶	<b>FA</b> <i>i i</i>	) (Q)	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(0	c)(3)s	only)
	X     Own website     Another's website     X     Upon request     Other (explain in Schedule O)			
40		o # o = i		ا م م
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	eiest	holic	y, and
20	financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and record BARBARA GUINTA 1977 RT. 34 WALL, NJ 07719 732-974-9444	ls: ►		

JSA	
5E1042	1.000

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Independent Contra	ctors		•	• • •	•	•	• •	
Check if Schedule O	contains a respor	se or note to	any lin	e in this Part	VII			X
	Independent Contra	Independent Contractors	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII					

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

\_\_\_ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for	box, office	unles r and	Pos neck ss pe d a d	erson lirect	e than o is both or/trust Φ Τ	an tee)	<b>(D)</b> Reportable compensation from the	(E) Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1)BRIAN_T. HASSLER	1.00									
DISTRICT PRESIDENT	0.	Х						0.	0.	0.
(2) LESTER J. VENELLA JR., CFSP	1.00									
FORMER SECRETARY-TREASURER	0.	Х		Х				0.	0.	0.
(3)GEORGE JEFFREY LOVAS	1.00									
IMMEDIATE PAST PRESIDENT	0.	Х		Х				0.	0.	0.
(4)GINNY SANZO, CFSP	2.00									
PRESIDENT ELECT	0.	Х		Х				0.	0.	0.
(5)RONALD M. MOWARD SR.	2.00									
1ST VICE PRESIDENT	0.	Х		Х				0.	0.	0.
(6) TARA M. SCARPONI-DANNIBALLE	1.00									
DISTRICT PRESIDENT	0.	X						0.	0.	0.
(7) ORLANDO G. COVINGTON JR., CFSP	2.00									
PRESIDENT	0.	Х		Х				0.	0.	0.
(8)BRUCE VAN TASSEL, CFSP	1.00									
DISTRICT PRESIDENT	0.	Х						0.	0.	0.
(9)LEROY P. WOOSTER, CFSP	1.00									
DELEGATE-AT-LARGE	0.	Х		Х				0.	0.	0.
(10) DANIEL JAMES WRIGHT	2.00									
2ND VICE PRESIDENT	0.	Х		Х				0.	0.	0.
(11) RICHARD C. CAMPANA JR., CFSP	1.00									
DELEGATE-AT-LARGE	0.	Х		Х				0.	0.	0.
(12)MATTHEW R. GASKILL	1.00									
FORMER DISTRICT PRESIDENT	0.	X						0.	0.	0.
(13)CHARLES CASTIGLIONE III	1.00									
FORMER DISTRICT PRESIDENT	0.	Х						0.	0.	0.
(14) MARK P. WHITTAKER	1.00									
DELEGATE-AT-LARGE	0.	Х		Х				0.	0.	0.

JSA 5E1041 1.000 Form 990 (2015)

Name and tile     Average based era     Possion box unless pratin is both an investor box unless pratin is both an investor box unless pratin is both an invery an investor box unless pre		rt VII Section A. Officers, Directors, Tru		<u>,                                     </u>										
DELEGATE - AT - LARGE     0.     x     x     x     0.     0.       61 MARK A. CONNOR     1.00     0.     0.     0.       DISTRICT PRESIDENT     0.     x     0.     0.       71 REVAN RICHARDS     1.00     x     0.     0.       FORMER DISTRICT PRESIDENT     0.     x     0.     0.       FORMER DISTRICT PRESIDENT     0.     x     0.     0.       91 HOWARD W. CREPAN JR.     1.00     0.     0.       91 HOWARD W. CREPAN JR.     1.00     0.     0.       91 HOWARD W. CREPAN JR.     1.00     0.     0.       91 HOWARD W. CREPAN JR.     0.     0.     0.       91 HOWARD W. CREPAN JR.     1.00     0.     0.       91 HOWARD W. CREPAN JR.     0.0     0.     0.       91 HOWARD W. CREPAN JR.     1.00     0.     0.       91 HOWARD W. CREPAN JR.     1.00     0.     0.       91 STRICT PRESIDENT     0.     X     0.     0.       92 CHRISTINE A. CUCCO     1.00     0.     0.     0.       91 STRICT PRESIDENT     0.     X     0.     0.       91 STRICT PRESIDENT     0.     X     0.     0.       91 CRISTINE A. CUCCO     1.00     0. </th <th></th> <th>(A) Name and title</th> <th>hours per week (list any hours for related organizations below dotted</th> <th>box, office</th> <th>unles r and</th> <th>Pos neck s pe d a d</th> <th>ition more rson lirect</th> <th>is both or/truste</th> <th>an ee)</th> <th>compensation from the organization</th> <th>compensatio relate organizat</th> <th>on from d ions</th> <th>Estin amo ot compe fror orgar and</th> <th>mated ount of ther ensation m the nization related</th>		(A) Name and title	hours per week (list any hours for related organizations below dotted	box, office	unles r and	Pos neck s pe d a d	ition more rson lirect	is both or/truste	an ee)	compensation from the organization	compensatio relate organizat	on from d ions	Estin amo ot compe fror orgar and	mated ount of ther ensation m the nization related
6)     MARK A. CONNOR     1.00     0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	L5)									0				
DISTRICT PRESIDENT       0.       0.       0.         7) BRYAN RICHARDS       1.00       0.       0.         FORMER DISTRICT PRESIDENT       0.       0.       0.         8) NICHOLAS JOSEPH GRILO       1.00       0.       0.       0.         9 HOWARD W. CRERAN JR.       0.00       0.       0.       0.         9 HOWARD W. CRERANJR.       0.00       0.       0.       0.         0.1 THOMAS J. DENARCO       1.00       0.       0.       0.         0.1 THOMAS J. DENARCO       0.       0.       0.       0.         1.1 MICHAEL J. DRAHUSCHAK       1.00       0.       0.       0.         DISTRICT PRESIDENT       0.       X       0.       0.         1.1 MICHAEL J. DRAHUSCHAK       1.00       0.       0.       0.         DISTRICT PRESIDENT       0.       X       0.       0.       0.         1.1 DISTRICT PRESIDENT       0.       X       0.       0.       0.       0.         1.1 DONLD S. CYMEOR JR.       1.00       DISTRICT PRESIDENT       0.       X       0.       0.         1.2 DONLD S. CYMEOR JR.       1.00       0.       X       0.       0.       0.				X		Х				0.		0.		
FORMER DISTRICT PRESIDENT       0       0       0       0         8) MICHOLAS JOSEPH GRILLO       1.00       0       0       0         FORMER DISTRICT PRESIDENT       0       0       0       0         9) HOWARD W. CREEAN JR.       1.00       0       0       0         0) THOMAS J. DEMARCO       1.00       0       0       0         0) THOMAS J. DEMARCO       0.00       0       0       0         1) MICHAEL J. DRAHUSCHAK       1.00       0       0       0         1) MICHAEL J. DRAHUSCHAK       1.00       0       0       0         13) DISTRICT PRESIDENT       0. X       0       0       0         14) MICHAEL J. DRAHUSCHAK       1.00       0       0       0         15) DISTRICT PRESIDENT       0. X       0       0       0         15) JONALD S. CYMBOR JR.       1.00       0       0       0       0         15) JONALD S. CYMBOR JR.       1.00       0       0       0       0       0         15) JONAL S. CYMBOR JR.       1.00       0       0       0       0       0       0         16) SUB-TOTI       0. X       X       0.0       0       0	L6 )			Х						0.		0.		
8)       NICHOLAS JOSEPH GRILLO       1.00       x       0.       0.         FORMER DISTRICT PRESIDENT       0.       x       0.       0.       0.         9)       HOWARD W. CREEAN JR.       1.00       x       0.       0.         DISTRICT PRESIDENT       0.       x       0.       0.       0.         0)       TIOMAS J. DEMARCO       1.00       x       0.       0.         DISTRICT PRESIDENT       0.       x       0.       0.       0.         1)       MICHAEL J. DRAHUSCHAK       1.00       x       0.       0.         2)       CHRISTICE A. CUOCO       1.00       x       0.       0.         3)       DONALD S. CYMBOR JR.       1.00       x       0.       0.         JOHN K. BALTZ       2.00       x       0.       0.       0.         SECETARY-TREASURER       0.       x       0.       0.       0.       1.209,152.       366,44         4       Total from continuation sheets to Part VII, Section A       X       0.       0.       0.       1.209,152.       366,44         4       Total from continuation sheets to Part VII, Section A       0.       0.       1.209,152.       366,44	L7)													
FORMER DISTRICT PRESIDENT       0.       x       0.       0.         9) HOWARD W. CRERAN JR.       1.00       0.       0.       0.         DISTRICT PRESIDENT       0.       x       0.       0.       0.         0) THOMAS J. DEMARCO       1.00       0.       0.       0.       0.         1) MICHARL J. DRAHUSCHAK       1.00       0.       0.       0.       0.         1) MICHARL J. DRAHUSCHAK       1.00       0.       0.       0.       0.         2) CIRLISTIVE A. CUOCO       1.00       0.       0.       0.       0.         3) DONALD S. CYMBOG JR.       1.00       0.       0.       0.       0.         3) DONALD S. CYMBOG JR.       1.00       0.       0.       0.       0.         3) DISTRICT PRESIDENT       0.       X       0.       0.       0.         4) SHAYNA C. KUGLER       1.00       0.       0.       0.       0.       0.         5) JOHN K. BALTZ       2.00       X       0.       0.       0.       0.       0.         5) JOHN K. BALTZ       2.00       X       0.       0.       1.209,152.       366,44         1 Total (add lines th and to)				X						0.		0.		
9) HOWARD W. CRERAN JR.       1.00       x       0.       0.         DISTRICT PRESIDENT       0.       x       0.       0.         0) THOMAS J. DEMARCO       1.00       x       0.       0.         DISTRICT PRESIDENT       0.       x       0.       0.         10 MICHAEL J. DRAHUSCHAK       1.00       x       0.       0.         DISTRICT PRESIDENT       0.       x       0.       0.         2) CHRISTINE A. CUOCO       1.00       x       0.       0.         3) DONALD S. CYMBOR JR.       1.00       x       0.       0.         JESTRICT PRESIDENT       0.       x       0.       0.         SUBAYNA C. KUGLER       1.00       x       0.       0.         JOSTRICT PRESIDENT       0.       x       0.       0.         SUBCRETARY-TREASURER       0.0       x       0.       0.         SUBCRETARY-TREASURER       0.       0.       0.       0.         SUBCRETARY-TREASURER       0.       0.       1.209,152.       366,44         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, or trustee, key employee, or h	L8													
DISTRICT PRESIDENT       0.       0.       0.       0.         0) THOMAS J. DEMARCO       1.00       0.       0.       0.         DISTRICT PRESIDENT       0.       X       0.       0.         1) MICHAEL J. DRAHUSCHAK       1.00       0.       0.       0.         2) CHRISTINE A. CUOCO       1.00       0.       0.       0.         3) DONALD S. CYMBOR JR.       1.00       0.       0.       0.         4) SHAYNA C. KUGLER       1.00       0.       0.       0.         1) SUFTICT PRESIDENT       0.       X       0.       0.         1. SUBTRICT PRESIDENT       0.       X       0.       0.         1. SIGNAL C. KUGLER       1.00       X       0.       0.         1. STRICT PRESIDENT       0.       X       0.       0.				X						0.		0.		
0)       THOMAS J. DEMARCO       1.00       x       0.       0.       0.         1)       MICHABL J. DRAHUSCHAK       1.00       x       0.       0.       0.         1)       MICHABL J. DRAHUSCHAK       1.00       x       0.       0.       0.         2)       CHRISTINE A. CUOCO       1.00       x       0.       0.       0.         2)       CHRISTINE A. CUOCO       1.00       x       0.       0.       0.         3)       DONALD S. CYMBOR JR.       1.00       x       0.       0.       0.         1)       JOEN K. BALTZ       2.00       x       0.       0.       0.       0.         5)       JOEN K. BALTZ       2.00       x       0.	.9													
DISTRICT PRESIDENT       0.       x       0.       0.         1) MICHAEL J. DRAHUSCHAK       1.00       x       0.       0.         DISTRICT PRESIDENT       0.       x       0.       0.         2) CHRISTINE A. CUOCO       1.00       0.       0.       0.         3) DONALD S. CYMBOR JR.       0.0       0.       0.       0.         4) SHATNA C. KUGLER       0.0       0.       0.       0.         5) JOEN K. BALTZ       2.00       X       0.       0.         5) JOEN K. BALTZ       2.00       X       0.       0.         6 Total from continuation sheets to Part VII, Section A       0.       0.       0.       0.         1b Sub-total       0.       0.       0.       0.       0.       0.       0.         c Total from continuation sheets to Part VII, Section A       0.       0.       1.209,152.       366,44         2       Total mumber of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       3         4       For any individual listed on line 1a receive or accrue compensation and ot				X						0.		0.		
1) MICHAEL J. DRAHUSCHAK       1.00       x       0.       0.         DISTRICT PRESIDENT       0.       x       0.       0.       0.         2) CHRISTINE A. CUOCO       1.00       x       0.       0.       0.         3) DONALD S. CYMBOR JR.       0.       0.       0.       0.       0.         1) SHICT PRESIDENT       0.       x       0.       0.       0.         4) SHAYNA C. KUGLER       1.00       0.       0.       0.       0.         5) JOHN K. BALTZ       2.00       x       0.       0.       0.         5) JOHN K. BALTZ       2.00       x       0.       0.       0.         6 Total from continuation sheets to Part VII, Section A       0.       0.       1, 209, 152.       366, 44         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization >       0.       1, 209, 152.       366, 44         3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .       3       3       3         4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization?       0       4	20													
DISTRICT PRESIDENT       0.       x       0.       0.       0.         2) CHRISTINE A. CUOCO       1.00       x       0.       0.       0.         3) DONLD S. CYMBOR JR.       1.00       x       0.       0.       0.         4) SHAYNA C. KUGLER       1.00       x       0.       0.       0.         5) JOHN K. BALTZ       2.00       x       0.       0.       0.         5) JOHN K. BALTZ       2.00       x       0.       0.       0.         5) JOHN K. BALTZ       0.       0.       0.       0.       0.         5) JOHN K. BALTZ       0.       0.       0.       0.       0.         5) JOHN K. BALTZ       0.       0.       0.       0.       0.         6 Total from continuation sheets to Part VII, Section A       0.       0.       1, 209, 152.       366, 44         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization b       0.       1, 209, 152.       366, 44         3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 13? If "Yes," complete Schedule J for such individual       3       3       3       3       3       3 <td></td> <td></td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td></td> <td>0.</td> <td></td> <td></td>				X						0.		0.		
2) CHRISTINE A. CUOCO       1.00       x       0.       0.         3) DONALD S. CYMBOR JR.       1.00       0.       0.       0.         3) DONALD S. CYMBOR JR.       0.0       0.       0.       0.         DISTRICT PRESIDENT       0. X       0.       0.       0.         4) SHAYNA C. KUGLER       1.00       0.       0.       0.         5) JORN K. BALTZ       2.00       X       0.       0.         SECRETARY-TREASURER       0.       0.       0.       0.         1b Sub-total       0.       0.       0.       0.       0.         c Total from continuation sheets to Part VII, Section A       0.       0.       1.209,152.       366,44         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization >       0.       1.209,152.       366,44         3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       4       3       4         4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization? If "Yes," complete Schedule J for such individual       5       5       5       5       5	21													
DISTRICT PRESIDENT       0.       X       0.       0.         3) DONALD S. CYMBOR JR.       1.00       0.       0.       0.         DISTRICT PRESIDENT       0.       X       0.       0.         4) SHAYNA C. KUGLER       1.00       0.       0.       0.         DISTRICT PRESIDENT       0.       X       0.       0.         5) JOHN K. BALTZ       2.00       X       0.       0.         5 SECRETARY-TREASURER       0.       X       0.       0.         c Total from continuation sheets to Part VII, Section A       0.       0.       1. 209, 152.       366, 44         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization >       0.       1. 209, 152.       366, 44         3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .       3       3       3       A       4       X       4       4       X       4       4       X       4       4       X       5       5       5       5       5       5       5       5       5       5       5       5       5       5				X						0.		0.		
3) DONALD S. CYMBOR JR.       1.00       0. X       0. 0.         DISRICT PRESIDENT       0. X       0. 0.       0.         4) SHAYNA C. KUGLER       1.00       0. 0.       0.         DISTRICT PRESIDENT       0. X       0. 0.       0.         5) JOHN K. BALTZ       2.00       0. 0.       0.         SECRETARY-TREASURER       0. X       X       0. 0.         1b Sub-total       0. 1,209,152.       366,44         4 Total (add lines 1b and 1c)       0.       0.       1,209,152.       366,44         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ≥       0.       1,209,152.       366,44         3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       3         4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       5         Section B. Independent Contra	22													
DISRICT PRESIDENT       0.       X       0.       0.       0.         4) SHAYNA C. KUGLER       1.00       0.       0.       0.       0.         5) JOHN K. BALTZ       2.00       0.       0.       0.       0.         5) JOHN K. BALTZ       0.       0.       0.       0.       0.         5) JOHN K. BALTZ       0.       0.       0.       0.       0.         5) JOHN K. BALTZ       0.       0.       0.       0.       0.         6 Total from continuation sheets to Part VII, Section A       0.       0.       0.       0.         c Total from continuation sheets to Part VII, Section A       0.       0.       1,209,152.       366,44         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶       0.       1.       209,152.       366,44         2 Total number of individual (isted on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000?       If "Yes," complete Schedule J for such individual .       3       4       X         4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000?       If "Yes," complete Schedule J for such person       4       X       4       X <td></td> <td></td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td></td> <td>0.</td> <td></td> <td></td>				X						0.		0.		
4)       SHAYNA C. KUGLER       1.00       0. X       0. 0.         DISTRICT PRESIDENT       0. X       0. 0.       0. 0.         5)       JOHN K. BALTZ       2.00       X       0. 0.         SECRETARY-TREASURER       0. X       X       0. 0.         total from continuation sheets to Part VII, Section A       0. 0.       0. 0.         c       Total from continuation sheets to Part VII, Section A       0. 0.       0. 1, 209, 152. 366, 44         d       Total aumber of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0.       0.       1. 209, 152. 366, 44         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0.       1. 209, 152. 366, 44         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such pe	23													
DISTRICT PRESIDENT       0.       X       0.       0.         5) JOHN K. BALTZ       2.00       X       X       0.       0.         SECRETARY-TREASURER       0.       X       X       0.       0.         1b Sub-total       0.       0.       X       0.       0.         c Total from continuation sheets to Part VII, Section A       0.       0.       0.       0.         c Total from continuation sheets to Part VII, Section A       0.       0.       1, 209, 152.       366, 44         d Total (add lines 1b and 1c)       0.       0.       1, 209, 152.       366, 44         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 0.       Yes 1         3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual				Х						0.		0.		
5) JOHN K. BALTZ       2.00       x       x       0.       0.         SECRETARY-TREASURER       0.       x       x       0.       0.         1b Sub-total       0.       0.       0.       0.       0.         c Total from continuation sheets to Part VII, Section A       0.       0.       0.       1, 209, 152.       366, 44         d Total (add lines 1b and 1c)       0.       1, 209, 152.       366, 44       0.       1, 209, 152.       366, 44         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶       0.       1, 209, 152.       366, 44         3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .       Yes       1         4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4       X         5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       5         5 Cotin B. Independent Contractors       1	24													
SECRETARY-TREASURER       0.       x       x       0.       0.         1b Sub-total       0.       0.       0.       0.       0.         c Total from continuation sheets to Part VII, Section A       0.       0.       1,209,152.       366,44         d Total (add lines 1b and 1c)       0.       1,209,152.       366,44       0.       1,209,152.       366,44         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization >       0.       1,209,152.       366,44         3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       .       Yes I         4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       5         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.				X						0.		0.		
1b Sub-total       0.000         c Total from continuation sheets to Part VII, Section A       0.1,209,152.366,44         d Total (add lines 1b and 1c)       0.1,209,152.366,44         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0.         3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3         4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4         5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5         1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)	25													
C Total from continuation sheets to Part VII, Section A <ul> <li>0. 1, 209, 152. 366, 44</li> <li>0. 1, 209, 152. 366, 44</li> </ul> 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ <li>0.</li> 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .       Yes I         4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .       4 X         5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for such person .       5         1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)		SECRETARY-TREASURER	0.	Х		Х								
d Total (add lines 1b and 1c)									►					
2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 0.         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual														
reportable compensation from the organization       0.         3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual							• •						36	6,44
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3         4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       3         5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5         9       Section B. Independent Contractors       5         1       Complete this table for your five highest compensation for the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (B)         (A)       (B)       (C)	2					d al	bove	e) who	o re	ceived more than	\$100,000 0	of		
employee on line 1a? If "Yes," complete Schedule J for such individual       3         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       5         5       Section B. Independent Contractors       5       5       5         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)														Yes
<ul> <li>4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i></li></ul>	3													
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		employee on line 1a? If "Yes," complete Schedu	ule J for suc	ch ind	ividı	Jal							3	
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	For any individual listed on line 1a, is the s	sum of rep	ortab	le c	om	pen	satior	n ar	nd other compens	sation from	the		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5         5 Section B. Independent Contractors       5         1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)		organization and related organizations gre	eater than	\$15	0,00	00?	If	"Yes	," (	complete Schedu	le J for s	such		
for services rendered to the organization? If "Yes," complete Schedule J for such person       5         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)		individual					• •					• •	4	X
Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)	5													
1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)			es," comple	te Sch	nedu	ıle J	l for	such	per	son	<u></u> .		5	
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	Se	•												
	1	compensation from the organization. Report c												
											m ioo -	~		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 1

Form	990	(2015)	

Name and title       Average week (tit any organizations to unless person is both an organizations (w-2/1093-MISC)       Reportable compensation from the organizations (w-2/1093-MISC)       Reportable compensation from the organization (w-2/1093-MISC)       Reportable compensat	(F)
	(F) stimated nount of other
DISTRICT PRESIDENT       0.       x       0.       0.       0.         7) WILSON H. BEEBE JR.       10.00       x       0.       264,004.       7         8) BARBARA D. GUINTA       4.00       x       0.       264,004.       7         0.0 GEORGE R. KELDER FINANCIAL OFFICER       20.00       X       0.       155,466.       7         0.1 GEORGE R. KELDER JR., CPSP       6.00       x       0.       214,742.       7         0.3 SCOTT STEIN       0.       x       0.       91,767.       7         1.0 LORAINE WALKER       0.       x       0.       149,516.       7         2.0 JACQUELINE HEALEY       8.00       x       0.       125,028.       7         3.0 JACKIE KUTCH       10.00       x       0.       114,251.       7         DEPUTY COO       8.00       x       0.       114,251.       7         10. CHRIS MURPHY       0.       x       0.       114,251.       7         10. CHRIS MURPHY       0.       x       0.       94,378.       7         2.0 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization is any former officer, director, or trustee, key empl	pensation om the anization d related anizations
7.) MILSON H. BEEBE JR.       10.00       x       0. 264,004.         BARBARA D. GUINTA       4.00       x       0. 155,466.         B. BARBARA D. GUINTA       4.00       x       0. 155,466.         B. GOO/CHIEF FINANCIAL OFFICER       20.00       X       0. 155,466.         GOO/CHIEF FINANCIAL OFFICER       20.00       X       0. 155,466.         ASSISTANT EXECUTIVE DIRECTOR 8.00       X       0. 214,742.       0.         ASSISTANT EXECUTIVE DIRECTOR 0F IT       40.00       X       0. 91,767.       1.         I. LORRAINT MERCTOR OF IT       40.00       X       0. 149,516.       0.         2) JACQUELINE HEALEY       8.00       X       0. 125,028.       2.         3. JACKIE KUTCH       10.00       X       0. 114,251.       0.         DEPUTY COO       8.00       X       0. 94,378.       0.         10. CHRIS MURPHY       0.       X       0. 94,378.       0.         10. CHRIS MURPHY       0.       X       0. 94,378.       0.         10. Christ MURPHY       0.       X       0. 94,378.       0.         10. Christ MURPHY       0.       X       0. 94,378.       0.         10. Christ MURPHY       0.       X	
8)       BARBARA D. GUINTA       4.00       x       0.       155,466.         COO/CHIEF FINANCIAL OFFICER       20.00       x       0.       155,466.         9)       GEORGE R. KELDEN JR., C/SPP       6.00       x       0.       214,742.         ASSISTANT EXECUTIVE DIRECTOR       8.00       x       0.       214,742.       6         ASSISTANT DIRECTOR OF IT       40.00       x       0.       149,516.       4         J. DORRAINS WALKER       0.       149,516.       4       6         J. INCOULINE HEALEY       8.00       x       0.       125,028.       2         J. ACQUELINE HEALEY       8.00       x       0.       125,028.       2         J. ACQUELINE HEALEY       8.00       x       0.       114,251.       4         OLENTY COO       8.00       x       0.       114,251.       4         J. CHRIS MURPHY       0.       x       0.       94,378.       2         IDSUNESS DEVELOPMENT MANAGER       0.       x       0.       94,378.       2         ID tal fom continuation sheets to Part VII, Section A       .       .       .       .         ID tal fom continuation sheets to Part VII, Section A       . <td>70,17</td>	70,17
9) GEORGE R. KELDER JR., CFSP       6.00       x       0.       214,742.         ASSISTANT EXECUTIVE DIRECTOR       8.00       x       0.       214,742.         O) SCOTT STEIN       0.       x       0.       91,767.         ASSISTANT DIRECTOR OF IT       40.00       x       0.       91,767.         DIRECTOR OF HR       0.       x       0.       149,516.         JACQUELINE HARLEY       8.00       x       0.       125,028.         JACKLE KUTCH       10.00       x       0.       114,251.         JEDENTY COO       8.00       x       0.       114,251.         BUSINESS DEVELOPMENT MANAGER       0.       x       0.       94,378.         C Total from continuation sheets to Part VII, Section A       .       .       .         A total (add lines th and 10).       0.       .       .       .         Z Total number of individual (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ≥       .       .         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .       .       .         4       For any individual listed on line	
D)       SCOTT STEIN       0.       x       0.       91,767.         ASSISTANT DIRECTOR OF IT       40.00       x       0.       91,767.       1         DIRECTOR OF HR       6.00       x       0.       149,516.       4         OLIRECTOR OF COMMUNICATIONS       8.00       x       0.       125,028.       1         JACQUELINE HEALEY       8.00       x       0.       125,028.       1         JACKEK KUTCH       10.00       x       0.       114,251.       4         ACAUST STERIN MURPHY       0.       x       0.       94,378.       1         BUSINESS DEVELOPMENT MANAGER       0.       x       0.       94,378.       1         C Total from continuation sheets to Part VII, Section A       +       -       -       -       -         4       Total runmber of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization b       0.       3       3         4       For any individual listed on line 1a, is the sum of reportable compensation from the organization is rearrors greater than \$150,000?       ?'''re's'''' complete Schedule J for such individual for such person       4         5       Did any person listed on line 1a receive or accrue compensation and other comp	40,88
ASSISTANT DIRECTOR OF IT       40.00       X       0.       91,767.         1. LORRAINE WALKER       0.       0.       X       0.       149,516.         DIRECTOR OF HR       6.00       X       0.       149,516.       4         2. JACQUELINE HEALEY       8.00       X       0.       125,028.       2         3. JACKLE KUTCH       10.00       X       0.       114,251.       4         1. CHRIS MURPHY       0.       X       0.       94,378.       4         2. Total rom continuation sheets to Part VII, Section A       Image: Control of Control OCO       0. </td <td>63,67</td>	63,67
DIRECTOR OF HR       6.00       X       0.       149,516.         2) JAQQUELINE HEALEY       8.00       X       0.       125,028.       2         3) JACKE KUTCH       10.00       X       0.       125,028.       2         3) JACKE KUTCH       10.00       X       0.       114,251.       4         DEPUTY COO       8.00       X       0.       114,251.       4         4) CHRIS MURPHY       0.       X       0.       94,378.       3         BUSINESS DEVELOPMENT MANAGER       0.       X       0.       94,378.       3                  b Sub-total               c Total rom continuation sheets to Part VII, Section A	39,09
DIRECTOR OF COMMUNICATIONS       8.00       x       0.       125,028.       2         3) JACKIE KUTCH       10.00       x       0.       114,251.       4         4) CHRIS MURPHY       0.       x       0.       94,378.       5         BUSINESS DEVELOPMENT MANAGER       0.       x       0.       94,378.       5         c Total from continuation sheets to Part VII, Section A       •       •       •       •         c Total from continuation sheets to Part VII, Section A       •       •       •       •         c Total from continuation sheets to Part VII, Section A       •       •       •       •         c Total from continuation sheets to Part VII, Section A       •       •       •       •         c Total from continuation sheets to Part VII, Section A       •       •       •       •         c Total from continuation sheets to Part VII, Section A       •       •       •       •       •         c Total from continuation sheets to Part VII, Section A       •<	42,45
3) JACKIE KUTCH       10.00       x       0.114,251.         DEPUTY COO       8.00       x       0.114,251.         4) CHRIS MURPHY       0.       x       0.94,378.         BUSINESS DEVELOPMENT MANAGER       0.       x       0.94,378.	27,85
1) CHRIS MURPHY       0.       0.       X       0.       94,378.         BUSINESS DEVELOPMENT MANAGER       0.       Y       0.       94,378.         b Sub-total	
b Sub-total.   c Total from continuation sheets to Part VII, Section A   c Total from continuation sheets to Part VII, Section A   c Total from continuation sheets to Part VII, Section A   c Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 0.   c Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual   a Did the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.   a Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person   a Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person   b Did this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	46,39
c Total from continuation sheets to Part VII, Section A   d Total (add lines 1b and 1c)   c Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization >   c Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization >   c Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual   c For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual   c Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person   c Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person   c Section B. Independent Contractors   C Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	35,89
2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0.         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	Yes I
bid any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	X
Gection B. Independent Contractors         Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)	
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	
(A) (B) (C) Name and business address Description of services Compensa	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

Form	990 (2	015) NEW JERSEY	STATE FUNE	RAL DIRECTORS	3	22-60129	49 Page <b>9</b>
Par	t VII	Statement of Revenue					
		Check if Schedule O contains a respo	nse or note to ar	ny line in this Part V	/111		X
				(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d f f	Federated campaigns1aMembership dues1bFundraising events1cRelated organizations1dGovernment grants (contributions)1eAll other contributions, gifts, grants, and similar amounts not included above1fNoncash contributions included in lines 1a-1f: \$	340,925.	340,925.			
ne			Business Code				
Program Service Revenue	2a b c	CONVENTION FEES	611600	369,369.	369,369.		
n S	d						
rar	е						
log	f	All other program service revenue					
	g	Total. Add lines 2a-2f		369,369.			
	3 4 5	Investment income (including divider and other similar amounts). ATTACHMENT Income from investment of tax-exempt bonc Royalties	r 3 ► I proceeds ►	33,563. 0. 0.			33,563.
	6a b c d	(i) Real (i) Real (i) Real Less: rental expenses Rental income or (loss) . Net rental income or (loss) .	(ii) Personal	0.			
	7a b c	Gross amount from sales of assets other than inventory       (i) Securities         Less: cost or other basis and sales expenses       621,350.         Gain or (loss)       32,076.	(ii) Other				
	d	Net gain or (loss)		32,076.			32,076.
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18					
đ	b	Less: direct expenses					
	с 9а	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19		0.			
	b c	Less: direct expenses <b>b</b> Net income or (loss) from gaming activities	,	0.			
	10a	Gross sales of inventory, less returns and allowances					
	b c	Less: cost of goods sold <b>b</b> Net income or (loss) from sales of inventory	. <u></u>	0.			
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		0.			
	12	Total revenue. See instructions.		775,933.	369,369.		65,639.

JSA 5E1051 1.000

#### Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and (B) Program service (A) Total expenses (D) Do not include amounts reported on lines 6b, 7b, Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to domestic organizations 0 and domestic governments. See Part IV, line 21 . . . 2 Grants and other assistance to domestic 0 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 0 0 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 0 6 Compensation not included above, to disgualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 7 Other salaries and wages 0 8 Pension plan accruals and contributions (include 0 section 401(k) and 403(b) employer contributions) 0 Other employee benefits . . . . . . . . . . . . . 9 0 10 11 Fees for services (non-employees): 275,000 a Management 101,932 b Legal 11,500. c Accounting d Lobbying 75,267. 0 e Professional fundraising services. See Part IV, line 17 0 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 0 (A) amount, list line 11g expenses on Schedule O.) 0 Advertising and promotion 12 92,010 13 Office expenses 0 14 Information technology 0 15 Royalties 0 Occupancy 16 0 17 Travel Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 295,078 Conferences, conventions, and meetings 19 0 Interest 20 0 21 Payments to affiliates 0 22 Depreciation, depletion, and amortization 11,852 Insurance 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) \_\_\_\_\_ а b С \_\_\_\_\_ d \_\_\_\_\_ e All other expenses \_\_\_\_\_ 862,639 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if

following SOP 98-2 (ASC 958-720)

027556

Pa	n 990 (2 I <b>rt X</b>	Balance Sheet			Page <b>11</b>
		Check if Schedule O contains a response or note to any line in this Pa	art X.		X
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	241,003.	1	117,597.
	2	Savings and temporary cash investments	108,726.	2	166,225.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	0.	4	680.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	0.	-	0.
its	7	organizations (see instructions). Complete Part II of Schedule L Notes and loans receivable, net ATCH 4	45,854.	7	242,049.
Assets				8	0.
◄	9	Inventories for sale or use Prepaid expenses and deferred charges ATCH 5	13,960.	9	15,429.
		Land, buildings, and equipment: cost or	137500.	5	137123.
	loa	other basis. Complete Part VI of Schedule D <b>10a</b>			
	ь	Less: accumulated depreciation	0.	10c	0.
	11	Investments - publicly traded securities ATCH 6	2,208,668.		1,949,505.
	12	Investments - other securities. See Part IV, line 11	2,672,565.	12	2,637,345.
	13	Investments - program-related. See Part IV, line 11	0.		0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	19,270.	15	28,772.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,310,046.	16	5,157,602.
	17	Accounts payable and accrued expenses	13,890.	17	12,143.
	18	Grants payable	0.	18	0.
	19	Deferred revenue ATCH 7	201,250.	19	222,222.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
ŝ	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
abi		disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	12,056.	25	13,482.
	26	Total liabilities. Add lines 17 through 25	227,196.	26	247,847.
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here <b>X</b> and complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	5,082,850.	27	4,909,755.
Bal	28	Temporarily restricted net assets	0.	28	0.
pu	29	Permanently restricted net assets	0.	29	0.
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check here  and complete lines 30 through 34.			
its	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ťΑ	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	5,082,850.	33	4,909,755.
2		Total liabilities and net assets/fund balances	5,310,046.		5,157,602.

NEW JERSEY	STATE	FUNERAL	DIRECTORS
NEW OFFICE	DIIII	I OIGHIGID	DINCLOID

Form 9	90 (2015)			Pa	ge <b>12</b>				
Par	XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)								
2	Total expenses (must equal Part IX, column (A), line 25)								
3	3 Revenue less expenses. Subtract line 2 from line 1 3								
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,0	82,8	350.				
5	Net unrealized gains (losses) on investments	5	-	86,3	389.				
6	Donated services and use of facilities	6			0.				
7		7			0.				
8	Prior period adjustments	8			0.				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line								
	33, column (B))	10	4,9	09,7	755.				
Part	XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain in							
	Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled or							
	reviewed on a separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	Х					
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted on a							
	separate basis, consolidated basis, or both:								
	X       Separate basis       Consolidated basis       Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversight							
	of the audit, review, or compilation of its financial statements and selection of an independent acc	countant?	2c	Х					
	If the organization changed either its oversight process or selection process during the tax year, e	explain in							
	Schedule O.								
3a	Ba As a result of a federal award, was the organization required to undergo an audit or audits as set forth in								
	the Single Audit Act and OMB Circular A-133?		3a		Х				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo the							
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.	3b						

Form **990** (2015)

SCHEDULE C (Form 990 or 990-EZ)		Political Campaign a	nd Lobbying	g Activi	ties	OMB No. 1545-0047
(		rganizations Exempt From Incom	e Tax Under sectio	on 501(c) ai	nd section 52	7   2015
Department of the Treasury Internal Revenue Service		lete if the organization is described be tion about Schedule C (Form 990 or 9			or Form 990-I ww.irs.gov/fori	
-		on Form 990, Part IV, line 3, or Form Complete Parts I-A and B. Do not compl		6 (Political Ca	ampaign Activi	
<ul> <li>Section 501(c) (other</li> </ul>	er than secti	on 501(c)(3)) organizations: Complete F	Parts I-A and C below.	Do not comple	ete Part I-B.	
<ul> <li>Section 527 organiz</li> </ul>	ations: Com	plete Part I-A only.				
-		on Form 990, Part IV, line 4, or Form			•	
	•	that have filed Form 5768 (election un				•
		that have NOT filed Form 5768 (election on Form 990, Part IV, line 5 (Proxy				
Tax) (see separate instru	uctions), ther		Tax) (See Separate II	istructions)	0 FOIL 990-0	2, Fait V, Inte 350 (Floxy
	· · · ·	anizations: Complete Part III.				
Name of organization $\ensuremath{\mathrm{NE}}$	W JERSEY	STATE FUNERAL DIRECTOR	S		Employer ide	ntification number
ASSOCIATION, IN					22-603	
Part I-A Comple	ete if the c	organization is exempt under	section 501(c) or	is a sectio	on 527 orgai	nization.
1 Provide a descrip	ption of the	organization's direct and indirect p	olitical campaign ac	ctivities in Pa	art IV.	
2 Political expendit	ures				▶\$	
3 Volunteer hours					••	
		organization is exempt under s		_		
1 Enter the amoun	t of any exc	cise tax incurred by the organizatio	n under section 495	5	▶\$	
		cise tax incurred by organization m				
		a section 4955 tax, did it file Form				
						YesNo
b If "Yes," describe Part I-C Comple	in Part IV.	organization is exempt under	soction 501(c) or	cont soct	ion 501(c)/3	<u>\</u>
		expended by the filing organization				J•
activities					▶\$	
		ng organization's funds contributed				
		enditures. Add lines 1 and 2. En				
<ul> <li>4 Did the filing orga</li> <li>5 Enter the names organization made the amount of point</li> </ul>	anization fil , addresses de payment olitical cont	e Form 1120-POL for this year? and employer identification numb s. For each organization listed, en ributions received that were prom nd or a political action committee (f	er (EIN) of all section ter the amount paid ptly and directly de	on 527 poli d from the livered to a	itical organiza filing organiz a separate po	Yes No ations to which the filing ation's funds. Also enter litical organization, such
<b>(a)</b> Name		<b>(b)</b> Address	(c) EIN	filing org	nt paid from ganization's one, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)						
(2)						
(3)						
(4)						
(5)						

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

Schedule C (Form 990 or 990-EZ) 2015

(6)

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (elect section 501(h)).	tion under
A Check ► if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group name, address, EIN, expenses, and share of excess lobbying expenditures).	oup member's
B Check ▶ if the filing organization checked box A and "limited control" provisions apply.	
Limits on Lobbying Expenditures(a) Filing(The term "expenditures" means amounts paid or incurred.)organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	
If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:	
Not over \$500,000     20% of the amount on line 1e.	
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.	
g Grassroots nontaxable amount (enter 25% of line 1f)	
h Subtract line 1g from line 1a. If zero or less, enter -0-	
i Subtract line 1f from line 1c. If zero or less, enter -0-	
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720	
reporting section 4911 tax for this year?	Yes No

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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> Total				
2a Lobbying nontaxable amount									
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))									
<b>c</b> Total lobbying expenditures									
d Grassroots nontaxable amount									
e Grassroots ceiling amount (150% of line 2d, column (e))									
f Grassroots lobbying expenditures									

Schedule C (Form 990 or 990-EZ) 2015

Sche	dule C (Form 990 or 990-EZ) 2015						Page <b>3</b>
Ра	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	l For	m 570	68		
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a	)		(k	<b>)</b> )	
		/es	No		Amo	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local						
	legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:						
а	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
С	Media advertisements?						
d	Mailings to members, legislators, or the public?						
е	Publications, or published or broadcast statements?						
f	Grants to other organizations for lobbying purposes?						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?						
h i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
j							
ј 2а	Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
b	If "Yes," enter the amount of any tax incurred under section 4912						
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6).	)(5)	or s	ectio	n		
	30 NC)(0).					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?						X
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?					Х	
Ра	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," C answered "Yes."	R (I	o) Pa			93, is	
1	Dues, assessments and similar amounts from members			1		340	,925
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amoun	ts d	of				
	political expenses for which the section 527(f) tax was paid).						
а	Current year			2a			,728
b	Carryover from last year			2b			,599
C	Iotal			2c			,327
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues			3		198	,758
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lob	byin	g				

# and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

5

4 5

-12,431.

Part IV Supplemental Information (continued)

	HEDULE D rm 990)		ental Financial S			OMB No. 1545-0047	
(10	111 330)	-	the organization answered " , 8, 9, 10, 11a, 11b, 11c, 11d		2b.	2015	
	Department of the Treasury Internal Revenue Service Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.						
	nal Revenue Service e of the organization			ctions is at www.irs	.gov/form990. Employer identific	Inspection	
	-	NEW JERSEY STATE FUNER	AL DIRECTORS				
-	SOCIATION, INC	tions Maintaining Donor Adv	ised Funds or Other Sir	milar Funds or A	22-60129	149	
Гđ		e if the organization answered			accounts.		
	Complet		(a) Donor advised		(b) Funds and	d other accounts	
1	Total number at e	end of year			(1)		
2		of contributions to (during year)					
3		of grants from (during year)					
4		at end of year					
5	Did the organizat	tion inform all donors and donor	advisors in writing that t	he assets held in	donor advised		
	funds are the orga	anization's property, subject to the	e organization's exclusive le	egal control?		Yes No	
6		ion inform all grantees, donors, a					
		e purposes and not for the bene					
D		nissible private benefit?			<u></u>	Yes No	
Pa		ation Easements. e if the organization answered	"Ves" on Form 990 Par	rt IV line 7			
1		nservation easements held by the					
•		on of land for public use (e.g., rec		1	a historically in	nportant land area	
		of natural habitat		Preservation of	•	•	
	Preservatio	on of open space					
2	Complete lines 2a	a through 2d if the organization h	eld a qualified conservation	n contribution in th	ne form of a cor	nservation	
		last day of the tax year.			Held at the	e End of the Tax Year	
а		onservation easements			2a		
b		tricted by conservation easements			2b		
C		rvation easements on a certified		. ,	2c		
d		rvation easements included in (c			24		
2		listed in the National Register			2d	nization during the	
3	tax year ►		isieneu, releaseu, exiingui		led by the orga	inization during the	
4		where property subject to conse	rvation easement is located				
5		zation have a written policy reg			n, handling of		
		forcement of the conservation ea			-	Yes No	
6	Staff and volunteer	hours devoted to monitoring, inspec	ting, handling of violations, a	and enforcing conse	ervation easement	s during the year	
	▶						
7	Amount of expense	ses incurred in monitoring, inspec	ting, handling of violations,	and enforcing con	servation easer	nents during the year	
	▶\$						
8		vation easement reported on line 2	()		( ) ( ) ( ) ( )		
9		n)(4)(B)(ii)? ibe how the organization reports					
9		nd include, if applicable, the text of					
		counting for conservation easeme	0				
Pa	art III Organiza	tions Maintaining Collections	of Art, Historical Treas	sures, or Other S	Similar Assets	š.	
	Complete	e if the organization answered	"Yes" on Form 990, Par	rt IV, line 8.			
1a	If the organization	n elected, as permitted under Sl torical treasures, or other simila	AS 116 (ASC 958), not t	to report in its re	venue stateme	nt and balance sheet	
	works of art, his public service, pro	torical treasures, or other similativity of the formulation of the for	ar assets held for public potnote to its financial state	exhibition, educa	ition, or resear	ch in furtherance of	
b	-	on elected, as permitted under					
	works of art, his	torical treasures, or other simila	ar assets held for public				
		ovide the following amounts relation	•		<b>L</b> .		
		ided in Form 990, Part VIII, line 1					
n	.,	ed in Form 990, Part X					
2	•	on received or held works of a srequired to be reported under S				a gain, provide the	
а		in Form 990, Part VIII, line 1				6	
b	Assets included in	n Form 990, Part X					
	Paperwork Reduction	n Act Notice, see the Instructions for	Form 990.		Scl	hedule D (Form 990) 2015	
JSA							

NEW JERSEY STATE FUNERAL DIRECTORS

Sche	dule D (Form 990) 2015										Page <b>2</b>
Par	t III Organizations Maintaining Colle										<u> </u>
3	Using the organization's acquisition, access collection items (check all that apply):	ssion, and c	other recor	ds, checl	k any c	of the	follow	ing that are	a signi	ficant us	se of its
а	Public exhibition		d	loan	or exch	ange	program	ns			
b	Scholarly research		e	Other							
c	Preservation for future generations		•								
1	Provide a description of the organization's	collections	and aval	in how t	boy fu	rthor	the or	anization's	ovomot	nurnoso	in Part
-	XIII.		-		-			-	exempt	puipose	iii Fait
5	During the year, did the organization solicit								_	_	
	assets to be sold to raise funds rather than t		ained as pa	rt of the o	organiz	ation'	s collec	ction?		Yes	No
Par	t IV Escrow and Custodial Arrangem Complete if the organization answ		" on Form		art IV/ I	ina 0	or ro	norted an a	mount	on Form	h
	990, Part X, line 21.								mount		·
1a	Is the organization an agent, trustee, custo								_		
	included on Form 990, Part X?								• • L	Yes	No
b	If "Yes," explain the arrangement in Part XI	II and comp	plete the fo	lowing tab	ole:						
								Ame	ount		
С	Beginning balance					1c					
d	Additions during the year					1d					
е	Distributions during the year					1e					
f	Ending balance					1f					
2a	Did the organization include an amount on					or cu	stodial	account liabil	ity?	Yes	No
b	If "Yes," explain the arrangement in Part XI	II. Check he	ere if the e	xplanation	has be	en pr	ovided	on Part XIII			
Par	t V Endowment Funds.										
	Complete if the organization answ	wered "Yes	s" on Form	n 990, Pa	art IV, I	line 1	0.				
	(a) Cu	urrent year	<b>(b)</b> Pric	or year	(c) Tw	vo year	s back	(d) Three year	s back	(e) Four y	ears back
1a	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains,										
С	and losses										
ام											
d	Grants or scholarships										
е	Other expenditures for facilities										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cu Board designated or quasi-endowment	urrent year e	end balanc	e (line 1g,	columr	ו (a)) ו	held as				
a L	<b>u</b> 1 <u></u>										
u a	Permanent endowment ▶% Temporarily restricted endowment ▶	%									
С			1000/								
0	The percentages on lines 2a, 2b, and 2c sh			4 4h		م مر م		interne al fara the	_		
3a	Are there endowment funds not in the poss	session of th	ie organiza	mon mat	are nei	a and	aamir	istered for the	е	V	es No
	organization by:										
	(i) unrelated organizations								• • •	3a(i)	
	(ii) related organizations									3a(ii)	
	If "Yes" on line 3a(ii), are the related organ		•			(?			• • •	3b	
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipment. Complete if the organization ans	wered "Ye	s" on For	n 990. F	art IV.	line <sup>.</sup>	11a. S	ee Form 99	0. Part	X. line	10.
	Description of property	(a) Cost or	other basis	(b) Cost of	or other ba		(c) Acc	umulated		Book valu	
_		(invest			ther)	_		eciation	. ,		
1a	Land										
b	Buildings										
c	Leasehold improvements	-									
d	Equipment										
e	Other										
Tota	I. Add lines 1a through 1e. (Column (d) mus	t equal Forn	n 990, Part	X, colum	n (B), lii	ne 100	c.)				

Schedule D (Form 990) 2015

#### Schedule D (Form 990) 2015 Page 3 Part VII **Investments - Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) INVMT 2,637,345. COST IN AFFILIATE-NJFDS INC (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) 2,637,345 Investments - Program Related. Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 13,082 (2) DUE TO RELATED PARTY (3) DUE TO AFFILIATE 400 (4)(5) (6)(7)(8)(9) 13,482. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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Schedu	le D (Form 990) 2015		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	I <b>-</b>	
1	Total revenue, gains, and other support per audited financial statements	1	689,544.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	-86,389.
3	Subtract line 2e from line 1	3	775,933.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	Add lines <b>4a</b> and <b>4b</b>	4c	775,933.
5 Dort	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         XII         Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	5	115,933.
Part	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
		1	862,639.
1	Total expenses and losses per audited financial statements		002,037.
2	Donated services and use of facilities		
a h	Prior year adjustments		
b	Other losses.		
C d	Other (Describe in Part XIII.)		
d e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	862,639.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> )	5	862,639.
	XIII Supplemental Information.		
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform 48		ne 4; Part X, line
ТНЕ	ASSOCIATION FILES INFORMATION RETURNS IN THE U.S. FEDERAL		
JURI	SDICTION. THE ASSOCIATION HAD NO UNRECOGNIZED TAX BENEFITS AT		
DECE	MBER 31, 2015 AND 2014. IN ADDITION, THE ASSOCIATION HAS NO INCOME		
TAX	RELATED PENALTIES OR INTEREST FOR THE PERIODS REPORTED IN THESE		
FINA	NCIAL STATEMENTS.		

SCHEDULE J (Form 990)       Compensation Information       OMB No. 15         For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees       201         Department of the Treasury Internal Revenue Service       Attach to Form 990.       Part IV, line 23.         Name of the organization       NEW JERSEY STATE FUNERAL DIRECTORS       Employer identification number	
Department of the Treasury Internal Revenue Service       Complete if the organization answered "Yes" on Form 990, Part IV, line 23.       Open to         Network       Attach to Form 990.       Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.       Inspect	Public tion
Department of the Treasury Internal Revenue Service       Attach to Form 990.       Open to         Inspect       Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.       Inspect	tion
Name of the organization NEW JERSEY STATE FUNERAL DIRECTORS	( N
	( N
ASSOCIATION, INC 22-6012949 Part I Questions Regarding Compensation	
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form	ies no
990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	
First-class or charter travel Housing allowance or residence for personal use	
X     Travel for companions	
Tax indemnification and gross-up payments Health or social club dues or initiation fees	
Discretionary spending account Personal services (e.g., maid, chauffeur, chef)	
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment	
or réimbursement or provision of all of the expenses described above? If "No," complete Part III to <b>1b</b>	х
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	
directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line	
1a?	х
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the	
organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a	
related organization to establish compensation of the CEO/Executive Director, but explain in Part III.	
X     Compensation committee     Written employment contract	
Independent compensation consultant X Compensation survey or study	
Form 990 of other organizations X Approval by the board or compensation committee	
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	
organization or a related organization:	
a Receive a severance payment or change-of-control payment?	Х
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Х
c Participate in, or receive payment from, an equity-based compensation arrangement?	Х
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.	
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	
compensation contingent on the revenues of:	
a The organization?	
b Any related organization?	
If "Yes" to line 5a or 5b, describe in Part III.	
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	
compensation contingent on the net earnings of:	
a The organization?	
b Any related organization?	
If "Yes" on line 6a or 6b, describe in Part III.	
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed	
payments not described on lines 5 and 6? If "Yes," describe in Part III.	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	
to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	
Regulations section 53.4958-6(c)?	
For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Forr	n 990) 2014

Schedule J (Form 990) 2015

#### Page 2

## Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
WILSON H. BEEBE JR.	(i)	0.	0.	0.	0.	0.	0.	0.
1 EXECUTIVE DIRECTOR/CEO	(ii)	253,860.	0.	10,144.	45,795.	24,384.	334,183.	0.
GEORGE R. KELDER JR.,CF	(i)	0.	0.	0.	0.	0.	0.	0.
2 <sup>ASSISTANT EXECUTIVE DIRECTOR</sup>	(ii)	223,390.	0.	-8,648.	39,487.	24,192.	278,421.	0.
BARBARA D. GUINTA	(i)	0.	0.	0.	0.	0.	0.	0.
3 <sup>COO/CHIEF FINANCIAL OFFICER</sup>	(ii)	153,595.	7,500.	-5,629.	26,592.	14,289.	196,347.	0.
LORRAINE WALKER	(i)	0.	0.	0.	0.	0.	0.	0.
4DIRECTOR OF HR	(ii)	156,083.	0.	-6,567.	20,380.	22,078.	191,974.	0.
JACQUELINE HEALEY	(i)	0.	0.	0.	0.	0.	0.	0.
5 <sup>DIRECTOR OF COMMUNICATIONS</sup>	(ii)	121,743.	6,000.	-2,715.	19,688.	8,170.	152,886.	0.
JACKIE KUTCH	(i)	0.	0.	0.	0.	0.	0.	0.
6DEPUTY COO	(ii)	114,777.	7,500.	-8,026.	18,557.	27,842.	160,650.	0.
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

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JSA 5E1291 1.000 Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, QUESTION 1A

EXCEPT FOR THE PRESIDENT AND EXECUTIVE DIRECTOR, SPOUSAL AND COMPANION TRAVEL IS NOT AUTHORIZED. SPOUSAL OR COMPANION TRAVEL IS AUTHORIZED FOR THE PRESIDENT AND EXECUTIVE DIRECTOR ONLY FOR "AUTHORIZED EVENTS". WHEN SPOUSAL OR COMPANION TRAVEL IS AUTHORIZED THE PER DIEM SHALL MEAN "PER AUTHORIZED PERSON." SPOUSAL OR COMPANION TRAVEL EXPENSES WILL RESULT IN THE ISSUANCE OF 1099 INCOME REPORTS FOR ACCUMULATED BENEFITS IN EXCESS OF \$600, OR SUCH OTHER THRESHOLD AS REQUIRED BY CURRENT IRS RULES. ONLY AN UNMARRIED OFFICER SHALL BE ELIGIBLE FOR COMPANION TRAVEL, WHICH PERSON SHALL BE THE SAME COMPANION FOR ALL AUTHORIZED EVENTS DURING THE OFFICER'S TERM OF OFFICE.

JSA 5E1505 1.000 Page 3

SCHI	EDULE L	Tra	ansactio	ns	Witk	n Interes	sted	Persons		I	OME	3 No. 1	545-00	)47	
		-	rganization a	nswer	ed "Ye	s" on Form 9	90, Pai	rt IV, line 25a, 25b	, 26, 27, 2	28a,	l	20'	15		
	nent of the Treasury	Information about							/form000			pen To		С	
			organization       organization         curred by the organization managers or disqualified persons during the year         any, on line 2, above, reimbursed by the organization.         minterested Persons.         nization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 37a		identif		spection								
	CIATION, INC	W UERSEI (	SIAIE FUN	IERAI		LCIORS							1		
Part		Transactions	(coction 501	(a)(2)	cost	ion = 501(o)(4)	and	501(c)(20) orga				2			
Part												line 40	)b.		
1	(a) Name of disqualified	l person	<b>(b)</b> Relatio				on and	<b>(c)</b> D	escription	of trans			nected?		
(1)															
(2)															
(3)															
(4)															
(5)															
(6)															
2															
											►\$_				
3	Enter the amount of t	ax, if any, on I	ine 2, above	, reim	burse	d by the orga	nizatio	on		🕨	► \$_				
Part					-			·		N / P					
								ine 38a or Form	990, Pan	t IV, III	18 26;	or if tr	ne		
(a)	Name of interacted person	(h) Deletienshin	(a) Dumana af	(1)				(f) Polonoo duo	(a) In	dofoult?		nround	<b>(i)</b> 14	/ =:++,	
(a)	Name of interested person	with organization			(f) Balance due	(g) in (	delauit?				(i) Written greement?				
		-		organi	ization?						comn	nittee?	-		
				То	From				Yes	No	Yes	No	Yes	N	No
(1)														1	
(2)														1	
(3)															
(4)															
(5)															
(6)															
(7)															
(8)															
(9)															
(10)															
Total							►	\$							
Part	Grants or Assis	stance Benefit	ing Interest	ed Pe	rsons.										
	Complete if the	organization a	answered "Ye	es" on	Form	990, Part IV	line 2	7.							
(a)	Name of interested person				<b>:)</b> Amou	Int of assistance		(d) Type of assistance	e	(e)	) Purpo	se of as	sistanc	e	
(1)															
(2)															
(3)															
(4)															
(5)															
(6)															
(7)															
(8)															
(9)															
(10)															
	perwork Reduction Act	Notice, see the	e Instructions	for Fo	orm 990	) or 990-EZ.			Sche	edule L	. (Form	990 or	990-E	Z) 2	2015

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Page 2

## Schedule L (Form 990 or 990-EZ) 2015

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	e of interested person (b) Relationship between interested person and the organization (c) A		(d) Description of transaction	organi	haring of ization's enues?	
				Yes	No	
(1) NJ FUNERAL DIRECTORS SERVICES, INC.	SEE PART V BELOW	275,000.	MANAGEMENT FEES		x	
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
0)						

Provide additional information for responses to questions on Schedule L (see instructions).

PART IV-LINE 1 (B)

ENTITY OWNED 79% BY NJ FUNERAL DIRECTORS SERVICES, INC. WITH OVERLAPPING

OFFICERS WILSON BEEBE JR. AND BARBARA GUINTA AND OVERLAPPING KEY EMPLOYEE

GEORGE KELDER.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.



Name of the organizationNEW JERSEY STATE FUNERAL DIRECTORSEmployer identification numberASSOCIATION, INC22-6012949

REVIEW OF FORM 990 PART VI, SECTION B, NUMBER 11A AFTER THE IRS FORM 990 IS REVIEWED BY THE CHIEF FINANCIAL OFFICER, IT IS SUBMITTED TO THE AUDIT COMMITTEE FOR FINAL APPROVAL AND THEN DISTRIBUTED TO EACH BOARD MEMBER PRIOR TO FILING.

CONFLICT OF INTEREST POLICY PART VI, SECTION B, NUMBER 12C OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE REQUIRED TO ANNUALLY COMPLETE A "DISCLOSURE OF CONFLICT OF INTEREST" DOCUMENT. THE RESULTS ARE SURVEYED FOR EXISTING CONFLICTS. THE PROCESS IS OVERSEEN BY THE DEPUTY CHIEF OPERATING OFFICER.

DISCLOSURE OF GOVERNING DOCUMENTS PART VI, SECTION C, NUMBER 19 NJSFDA IS COMMITTED TO TRANSPARENCY AS WELL AS THE HIGHEST ETHICAL STANDARDS IN ITS OPERATIONS. ACCORDINGLY, THE NJSFDA CONSTITUTION AND BYLAWS, CODE OF BUSINESS CONDUCT & ETHICS, CONFLICT OF INTEREST POLICY, RECORD RETENTION POLICY, THE NJSFDA FORM 990 AND AUDITED FINANCIAL REPORTS ARE ALL POSTED ON THE WEBSITE FOR PUBLIC VIEWING.

COMPENSATION REVIEW PROCESS PART VI, SECTION B, NUMBER 15A THE ORGANIZATION'S EXECUTIVE DIRECTOR'S COMPENSATION IS REVIEWED EVERY THREE YEARS BY A CONTRACT COMMITTEE MADE UP OF INDEPENDENT MEMBERS. DATA IS COMPARED TO OTHER ASSOCIATION CEOS AND LIKE POSITIONS USING COMPENSATION SURVEYS AND LENGTH OF SERVICE AMONG OTHER FACTORS. THE RESULTS ARE DISCUSSED AND ANALYZED AND THE RECOMMENDATIONS ARE MADE TO

Schedule O (Form 990 or 990-EZ) 2015         Pathon           Name of the organization         NEW JERSEY STATE FUNERAL DIRECTORS         Employer identification number							
Name of the organization	NEW	JERSEY	STATE	FUNERAL	DIRECTORS	Employer identification number	
ASSOCIATION, INC	2					22-6012949	

THE BOARD FOR FINAL APPROVAL OF THE CONTRACT. THIS TRANSITIONAL CONTRACT, COVERING THE PERIOD OF JANUARY 1, 2015 THROUGH DECEMBER 31, 2017, WAS DEVELOPED AND APPROVED IN 2014 AND IS COMPRISED OF TWO PHASES-THE RETIREMENT OF OFFICAL EXECUTIVE DIRECTOR DUTIES ON DECEMBER 31, 2015 AND A TWO YEAR CONSULTING PERIOD CONCLUDING DECEMBER 31, 2017.

#### MEMBERS PART VI, SECTION A, NUMBER 6 AND 7

MEMBERS OF THE ORGANIZATION ARE LICENSED FUNERAL DIRECTORS WHO PAY DUES. THOSE MEMBERS WHO PAY DUES HAVE VOTING PRIVILEGES TO ELECT ALL 21 MEMBERS OF THE BOARD OF DIRECTORS IN TWO WAYS. AS MEMBERS OF ONE OF THE ELEVEN DISTRICT ASSOCIATIONS, THEY PARTICIPATE IN ELECTING THEIR OWN DISTRICT PRESIDENT WHO SERVES ON THE BOARD OF DIRECTORS. ADDITIONALLY, THEY ELECT EIGHT OFFICERS OF THE ASSOCIATION IN OPEN ELECTIONS. TWO OFFICERS AUTOMATICALLY SUCCEED EACH YEAR TO THEIR POSITIONS BASED ON PRIOR YEAR ELECTION OUTCOMES, E.G., THE PRESIDENT AND IMMEDIATE PAST PRESIDENT. IN THE EVENT OF TWO OR MORE NOMINATIONS FOR ANY CONTESTED OFFICE, AN ELECTION IS HELD BY MAIL OR OTHER ELECTRONIC MEANS VIA A WRITTEN BALLOT WHICH IS DISTRIBUTED TO ALL OF THE MEMBERS WHO HAVE VOTING PRIVILEGES. THE RETURNS ARE TABULATED AND THE REULTS REPORTED BY AN ELECTION COMMITTEE.

### ATTACHMENT 1

#### FORM 990, PART III - PROGRAM SERVICE, LINE 4A

THE NEW JERSEY STATE FUNERAL DIRECTORS ASSOCIATION (NJSFDA) HOSTS AN ANNUAL CONVENTION ATTENDED BY MEMBERS, NON-MEMBERS AND AFFILIATED SERVICE GROUPS. IN 2015, THERE WERE APPROXIMATELY 1,212 ATTENDEES. THE GENERAL MEMBERSHIP ANNUAL MEETING IS HELD DURING THIS TIME. QUALITY PROGRAMS DESIGNED TO PROVIDE REQUIRED

JSA 5E1228 1.000

V 15-5.3F

ATTACHMENT 1 (CONT'D)

Page 2

FUNERAL SERVICE CONTINUING EDUCATION CREDITS ARE OFFERED THROUGHOUT THE WEEK. THE 2015 CONVENTION OFFERED 11 EDUCATIONAL PROGRAMS COVERING TOPICS SUCH AS CURRENT EVENTS IN FUNERAL SERVICE, STRATEGIES AND MARKETING TECHNIQUES FOR BUSINESS DEVELOPMENT AND GROWTH, UNDERSTANDING WHAT FUNERAL CONSUMERS WANT, EMBALMING TECHNIQUES AND RECONSTRUCTION, FUNERAL SERVICE ETHICS, A REVIEW OF SIGNIFICANT NEW JERSEY LAWS, REGULATIONS AND LAWSUITS OVER THE LAST 30 YEARS AND HOW THEY IMPACTED FUNERAL SERVICE AND A COURSE ON NEW YORK STATE LAWS AND REGULATIONS RELATED TO FUNERAL SERVICE (APPLICABLE TO NY LICENSURE RENEWAL). COURSES ON PRENEED LAWS AND REGULATIONS, PRENEED FUNDING MECHANISMS, THE STATE OF THE FUNERAL PROCESSION IN NEW JERSEY AND RESPONDING TO COMPLAINTS ISSUED BY THE NEW JERSEY STATE BOARD OF MORTUARY SCIENCE WERE ALSO OFFERED AS PART OF THE NEW JERSEY MANDATORY CEU SERIES, AIDING LICENSEES IN THEIR OBLIGATION TO EARN SPECIFIED CONTINUING EDUCATION CREDITS AS PER THE NEW JERSEY STATE BOARD OF MORTUARY SCIENCE'S REGULATIONS.

THE NJSFDA AIMS TO ADVANCE FAIR AND UNIFORM LAWS ON FUNERAL DIRECTING AND EMBALMING IN NJ THROUGH ITS ADVOCACY EFFORTS. THE NJSFDA ALSO WORKS TO ENSURE THE STRONG CONSUMER PROTECTIONS SURROUNDING NEW JERSEY'S FUNERAL INDUSTRY ARE NOT DIMINISHED. THE NJSFDA'S GOVERNMENT AFFAIRS PROGRAM CONSISTS OF BOTH LEGISLATIVE AND REGULATORY ENDEAVORS.

ATTACHMENT 1 (CONT'D)

IN 2015, THE NJSFDA SUPPORTED THE PASSAGE OF LEGISLATION REAFFIRMING THAT TAX-EXEMPT RELIGIOUS CEMETERIES ARE PROHIBITED FROM IMPROPERLY USING THEIR TAX-EXEMPT STATUS TO ENGAGE IN FOR-PROFIT ACTIVITIES RELATED TO SALE OF MONUMENTS, VAULTS AND FUNERAL SERVICES IN NEW JERSEY (S-2485/SWEENEY AND O'TOOLE; A-3840/GIBLIN AND RIBLE). THE LEGISLATION, KNOWN AS THE RELIGIOUS CEMETERIES ACT, WAS SIGNED INTO LAW BY GOVERNOR CHRISTIE ON MARCH 23, 2015. FOLLOWING THE ENACTMENT OF THE RELIGIOUS CEMETERIES ACT, THE ROMAN CATHOLIC ARCHDIOCESE OF NEWARK, ET AL (RCAN) SUBSEQUENTLY FILED A COMPLAINT AGAINST THE STATE OF NEW JERSEY IN UNITED STATES DISTRICT COURT. THE MATTER, THE ARCHDIOCESE OF NEWARK V. STATE OF NEW JERSEY, NAMES GOVERNOR CHRISTOPHER CHRISTIE AND ACTING ATTORNEY GENERAL JOHN HOFFMAN, IN THEIR OFFICIAL CAPACITIES FOR THE STATE OF NEW JERSEY, AS THE DEFENDANTS. THE NJSFDA HAS BEEN PERMITTED TO SERVE AS AN INTERVENOR DEFENDANT IN THE CASE.

REGULATORY MATTERS INCLUDED EXECUTIVE BRANCH DISCUSSIONS REGARDING BUSINESS PROCESSES OF THE DIVISION OF CONSUMER AFFAIRS, MODIFICATIONS OF VARIOUS SECTIONS OF THE NEW JERSEY STATE MORTUARY CODE (RULES REGARDING THE STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED, CONTINUING EDUCATION REQUIREMENTS AND THE MINIMUM REQUIRED EQUIPMENT FOR A COMPLIANT PREPARATION ROOM), A REVIEW OF THE PROCEDURES AND RULES OF THE OFFICE OF VITAL STATISTICS AND ENGAGING THE NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION AND

V 15-5.3F

	ATTACHMEI	VT 1 (CONT'D)
THE NEW JERSEY DEPARTMENT OF HEALTH IN A DISCUSSION RELATED T	 HE	
DISPOSAL OF EMBALMING WASTEWATER PRODUCT.		
DISPOSAL OF EMBALMING WASIEWAIER PRODUCI.		
	ATTACHMENT	2
990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONT	RACTORS	
NAME AND ADDRESS DESCRIPTION		COMPENSATION
IEW JERSEY FUNERAL DIRECTORS SERVICES       MANAGEMENT         PO BOX L       MANAGEMENT		275,000.
MANASQUAN, NJ 08736		
FORM 990, PART VIII - INVESTMENT INCOME	ATTACHMENT	3
(A) (B)	(C)	(D)
TOTAL RELATED OF DESCRIPTION REVENUE EXEMPT REVEN		
INTEREST AND DIVIDENDS 68,783.		68,783.
		25 220
		-35,220.
QUITY IN INCOME ON INVESTMENT IN AFF -35,220. TOTALS <u>33,563.</u>		-35,220.
	<u> </u>	33,563.
TOTALS <u>33,563.</u>	ATTACHMENT	33,563.
TOTALS <u>33,563.</u> FORM 990, PART X - NOTES AND LOANS RECEIVABLE	ATTACHMENT	33,563.
TOTALS <u>33,563.</u> <u>YORM 990, PART X - NOTES AND LOANS RECEIVABLE</u> SORROWER: NOTE RECEIVABLE, RELATED PARTY		33,563.
TOTALS       33,563.         FORM 990, PART X - NOTES AND LOANS RECEIVABLE         BORROWER:       NOTE RECEIVABLE, RELATED PARTY         BEGINNING BALANCE DUE	45,	<u>    33,563.</u> 4
TOTALS <u>33,563.</u> FORM 990, PART X - NOTES AND LOANS RECEIVABLE	45, 242,	<u>33,563.</u> <u>4</u> 854.

NEW JERSEY STATE FUNERAL DIRECTORS

Schedule O (Form 990 or 990-EZ) 2015

Name of the organization

ASSOCIATION, INC

242,049.

V 15-5.3F

Employer identification number

22-6012949

Name of the organization NEW JERSEY STATE FUNERAL DIRECTORS	Employer identification	on number
ASSOCIATION, INC	22-601294	
	ATTACHMENT 5	-
ORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES		
	ENDING	
DESCRIPTION	BOOK VALUE	
REPAID EXPENSES	15,42	29.
TOTALS	15,42	<u>.</u>
	ATTACHMENT 6	
ORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES		
	ENDING	COST
DESCRIPTION	BOOK VALUE	OR FMV
	1 040 505	
UTUAL FUNDS	1,949,505.	FMV
TOTALS	1,949,505.	
TOTALS	<u>1,749,305.</u>	
	ATTACHMENT 7	
<u>'ORM 990, PART X - DEFERRED REVENUE</u>		
	ENDING	
DESCRIPTION	BOOK VALUE	-
		, ,
EFERRED REVENUE	222,222	<b>.</b>
	222,222	
TOTALS	.).).	)

027556

22-6012949

SCHEDULE R	R
(Form 990)	► Com
Department of the Treasury Internal Revenue Service	► Ir

# Related Organizations and Unrelated Partnerships

nplete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization NEW JERSEY STATE FUNERAL DIRECTORS

ASSOCIATION, INC

#### Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

#### Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had Part II one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	(g Section 5 contr enti	olled
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2015

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

22-6012949

Schedule R (Form 990) 2015

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of- year assets	(h) Disproportion allocation	onate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana	j) eral or aging ner?	<b>(k)</b> Percentage ownership
				,			Yes N	No		Yes	No	
(1)												
_(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

# Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	<b>(e)</b> Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	
								Yes No
(1) NJ FUNERAL DIRECTORS SERVICES, INC 22-2889933								
PO BOX L MANASQUAN, NJ 08736	MANAGEMENT	NJ	N/A	C CORP	-35,220.	3,153,901.	79.0000	x
(3)								
(4)								
(5)								
(6)								
(7)								
<u></u>								

JSA 5E1308 1.000 Schedule R (Form 990) 2015

NEW JI	ERSEY	STATE	FUNERAL	DIRECTORS
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22-6012949

Schedule R (Form 990) 2015

Part	V Transactions With Related Organizations Complete if the organization answered "Y	es" on Form 990, Par	t IV, line 34, 35b, or 36.				
Note	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
	During the tax year, did the organization engage in any of the following transactions with one or more						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
b	Gift, grant, or capital contribution to related organization(s)				1b		X
c	Gift, grant, or capital contribution from related organization(s)				1c		X
d	Loans or loan guarantees to or for related organization(s)			• • • • •	1d		X X
е	Loans or loan guarantees by related organization(s)				1e		
f	Dividends from related organization(s)				1f		
	Sale of assets to related organization(s)				1g		Х
	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Χ
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
I	Performance of services or membership or fundraising solicitations for related organization(s)				11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m	X X	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	X X	
0	Sharing of paid employees with related organization(s)			• • • • •	10	Δ	
n	Reimbursement paid to related organization(s) for expenses				1p	Х	
	Reimbursement paid by related organization(s) for expenses				1q	Х	
•							
r	Other transfer of cash or property to related organization(s)				1r		Х
S	Other transfer of cash or property from related organization(s)		<u> </u>		1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete			action thres		5.	
(a)(b)(c)Name of related organizationTransactionAmount involved				Method c	(d) of dete	rminir	ng
type (a-s)				amoui	nt invo	lved	
(1)	NEW JERSEY FUNERAL DIRECTORS SERVICES, INC	М	275,000.	CASH			
(2)							
(3)							
(0)							
(4)							
(5)							
(3)							
(6)							
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# Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(state or		te or foreign income (related, country) unrelated, excluded	(e) Are all partners section 501(c)(3) organizations?		<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			sections 512-514)	Yes	No			Yes	No		Yes	No	
	_												
)	_												
)	_												
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1)													
2)													
3)													
4)													
5)													
6)													<u> </u>

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Part VII	Supplemental Information
	Complete this part to provide additional information for responses to questions on Schedule R (see
	instructions).

PART V - 1(M) AND 1(N)

THE ORGANIZATION SHARES FACILITIES, EQUIPMENT, PAID EMPLOYEEES, AND THE

USE OF OTHER ASSETS WITH THE RELATED ENTITIES. PAYMENT FOR USAGE IS

INCLUDED IN THE MANAGEMENT FEE PAID TO THE RELATED ENTITY AND IS REPORTED

ON LINE 2, TRANSACTION "M".