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Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2013

► Do not enter Social Security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990.

De Int	Department of the Treasury Internal Revenue Service Department of the Treasury Internal Revenue Service Do not enter Social Security numbers on this form as it may be m Information about Form 990 and its instructions is at www.irs.go								u u		Open to Public Inspection					
Ā	For	the 2013 calen	dar	year, or tax yea	r beginning		, 2	2013, a	and (endin	9			,		
В	Chec	k if applicable	C	Name of organization	NEW JERS	EY HEAI	TH OFFIC	ERS	AS	SOCI	ATION	D Emp!	oyer lde	ntification N	umber	
	X.	Address change		Doing Business As	New Jersey As:	sociation of	County and C	ity Hea	lth	Offici	als, Inc	22	-329	1284		
	П	Name change		Number and street (or	P O. box if mail is no	ot delivered to a	treet address)		T	Room/s	ute	E Telep	hone nur	mber		
	Н	Initial return	Ρ.	O. Box 698	7							(9	73)	579-03	70	
	H	Terminated		City or town, state or p		ZIP or foreign	postal code									
	\vdash	Amended return	Er.	eehold				NJ	077	728		G Grass	receints	\$ 328	, 937	7
	\vdash	Application pending		Name and address of	nnncmal officer		·····	140	<u>, , , , , , , , , , , , , , , , , , , </u>		H(a) Isthisa				Yes	
	'ليا	Application pending				D	Dl.:-	- 117	07/	- 1.	H(b) Are all s	•			Yes	-
				er Correale 53						177	If No. a	ittach a list	(see ins	tructions)		, m.
<u> </u>		x-exempt status			1(c) (6)	(insert no)	4947(a)	(1) Or		527				•		
<u>J</u>				njhoa.org	 -	 		-			H(c) Group e					
K		m of organization		Corporation Tru	ıst Associati	on Other	<u> </u>	L Ye	ar of f	ormation	1993	3 M	State of	legal domicil	e NJ	J
P	art l	Summar														
	1	-		e organization's r		_							smis.	sion o	<u>f</u>	
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Ž.		and prom	<u>ot</u> e	<u>knowledge</u>	∍_of_bnp]i	c healt	<u>h</u>					_ 				
Activities & Governance	[_ 												
Š	2	Check this box	(>	if the organ	ization discontir	rued its ope	rations or dist	posed	of m	ore th	an 25% of	ts net a				
· ·	3			members of the g									3	ļ		19
U.	4		•	ndent voting men	•		•						5	 		1.9
**	5			dividuais employ dunteers (estima									6			
<u>.</u>	7.			siness revenue fr									7a	 		19
•	. 1			ness taxable inco									7b	 		0.
	 "	Net uniciated	DUSII	less taxable little	TITLE FIGHT FORTI	330-1, 1176		···	<u> </u>	<u> </u>	De	ior Year	ــــــــــــــــــــــــــــــــــــــ	Cur	rent Y	
		Contributions		aronto (Dort VIII	lean thi								_	Cur		
9	8			grants (Part VIII, evenue (Part VIII,							<u> </u>	363,		 		,692.
Ē	10	•		e (Part VIII, colum	•							16,	2.	 	10	,796.
Revenue	11			rt VIII, column (A								19,		ļ	10	,449.
	12		•	dd lines 8 through	• • • • • • • • • • • • • • • • • • • •									 		, 937.
;	+										 	399,			320	, 931.
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Expenses	16 a	Professional fu	indra	aising fees (Part I	IX, column (A),	line 11e) .		•	٠.						Terrane T	
fin s	b	Total fundraisir	ng ex	xpenses (Part IX	, column (D), lin	e 25) ►				0.	[李]		经验	歐頭麗		建 超 200
<u> </u>	17	Other expense	s (P	art IX, column (A	.), lines 11a-11d	l, 11f-24e)_				 .		72,	365.		319	,620.
	18			dd lines 13-17 (m								407,				,620.
TTT.	19			enses Subtract li				11/1	7.7	THE REAL PROPERTY.	1	-7,		ļ		, 317.
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Fig.	20	Total assets (P	art X	X, line 16)		නු	MOV.				Beginning	97,4				,572.
(3O) ₹₫	21	Total liabilities		•		[65]	1100 2 0). 201	14.	IČI		65,1				,000.
20% 150 150 150 150 150 150 150 150 150 150	ł		•	•	-41					3	}					
	22			balances. Subtra	ict line 21 from I	ine 20 .	OCT		• • •			32,2	255.		41,	,572.
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Us	e On	ly Firm's address	, •	308 EAST	BROAD ST						F	irm's EIN	22	-14276	84	
				Westfield			NJ 07	090-	21	22		hone no	(908		-930	0
May	the I	RS discuss this	retur	rn with the prepar	rer shown abov	e? (see inst								X Yes		No

TEEA0101 11/08/13

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2013)

Form	990 (2013) NEW JERSEY HEALTH OFFICERS ASSOCIATION	22-3291284 Page 2
	∰ Statement of Program Service Accomplishments	
المنتسنة	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	To improve the transmission of	
	state, county, and local health services through health officers	
	and promote knowledge of public health.	
2	Did the organization undertake any significant program services during the year which were not listed on the pri	ior
-	Form 990 or 990-EZ?	
	If 'Yes,' describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
3	If 'Yes,' describe these changes on Schedule O	[] 163 [А] 110
		magazirad by avpaneas
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of	f grants and allocations to
	others, the total expenses, and revenue, if any, for each program service reported.	
4 a	(Code) (Expenses \$ 311, 874. including grants of \$ 0.) (Re-	venue \$ 16,796.)
	To improve the transmission of state, county, and local health	
	services through health officers and promote knowledge of public	
	health.	
	11CUI CII;	
4 b	(Code) (Expenses \$ including grants of \$) (Rev	venue \$)
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
4 c	(Code ) (Expenses \$ including grants of \$ ) (Rev	venue \$ )
		,, ,
ء د. ۾	Other program consists (December to Cabertula Cab	
	Other program services. (Describe in Schedule O.)	
	Expenses \$ including grants of \$ ) (Revenue \$ fotal program service expenses > 311,874.	)
~ ~ 1		

111-71	BACKINGS   OTTOO TO THE QUITTE OF THE QUITTE		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		2		×
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		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, Part III	5	х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, 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,' complete Schedule D, Part III.	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for 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 endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
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.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		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	11 b		x
	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		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	11 d		х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		х
12	a 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	12 b		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14	a 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		Х
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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 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 Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If Yes, complete Schedule G, Part II	18		x
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
	a Did the organization operate one or more hospital facilities? If Yes, complete Schedule H	20		X
t	olf 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

12.9	Checklist of Required Schedules (continued)			
	•		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or 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 individuals in the United States 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 employees? If 'Yes,' complete Schedule J	23		×
24	a 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 through 24d and	. 248		x
	complete Schedule K If 'No, 'go to line 25a	245	<del> </del>	<del>  ^</del>
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		<del> </del>	<u> </u>
	any tax-exempt bonds?	. 240	-	<u> </u>
	d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	. 240	<del> </del>	<u> </u>
25	a Section 501(c)(3) and 501(c)(4) 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		_
ا	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior 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 current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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):			
ä	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	· 28a		X
i	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	. 28b		х
•	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	<u> </u>	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		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-3 and 301 7701-3? If Yes,' complete Schedule R, Part I	. 33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Χ
t	of 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization 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?  Note. All Form 990 filers are required to complete Schedule O	38	х	

BAA

## Part: 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.

	Check if Schedule O contains a response or note to any line in this Part V	• • •		
		245524	Yes	No
7	b Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	<u> </u>	- 35		
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	X	100 m X
2	a 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 2 a			
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		7
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		Will have	建冷
3	a Did the organization have unrelated business gross Income of \$1,000 or more during the year?	3 a	L	X
	b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
4	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		х
	b If 'Yes,' enter the name of the foreign country		2	
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.		2	
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	<u>L</u>	X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a	х	
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	х	
7	Organizations that may receive deductible contributions under section 170(c).	<b>秦秦</b> 等		<b>展</b> [6]
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			X
	services provided to the payor?	7 a 7 b	-	
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	/ 6	<del>                                     </del>	
	Form 8282?	7 с	ļ	Х
	d If 'Yes,' Indicate the number of Forms 8282 filed during the year		Marine Marine	
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e	,,,,,	X
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	·禁藏 8		<b>建筑</b>
9	Sponsoring organizations maintaining donor advised funds.	LEGE.	W. T.	1000
	a Did the organization make any taxable distributions under section 4966?	9 a	المكافئة المحافظة	40216 2015 2
	b Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:	\$4000	34.43.6	
	a Initiation fees and capital contributions included on Part VIII, line 12		W. S.	<b>建二级</b>
1	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b	墨劉	影響	遊遊
11	Section 501(c)(12) organizations. Enter	200	1 ( P ) ( P ) ( P ) ( P )	
	a Gross income from members or shareholders		義為	
1	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		學的	
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a	-174 1	-51.1
ı	o If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year   12 b	3.5	J. 7 .	الله الله
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			THE TOTAL
á	a Is the organization licensed to issue qualified health plans in more than one state?	13 a		
	Note. See the instructions for additional information the organization must report on Schedule O	×3703	* L. V.	14.
t	o 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	12.00		715 27
•	Enter the amount of reserves on hand	等	, E	ر در پې
4 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
t	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		
_				

persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official	Sec	tioh A. Governing Body and Management			
the there are material differences in voting nights among members of the governing body, or if the governing body decelogated broad of the governing body of the governing body or under the direct supervision of officient, recticute, installer of key employees to a managiment dustes customarily performed by or under the direct supervision of officient, recticutes in trustees, or key employees to a managiment company or other person?  3 Did the organization make any significant changes to the governing documents and of officient, recticutes or trustees, or key employees to a managiment company or other persons?  4 Did the organization have members, stockholders?  5 Did the organization have members or stockholders?  6 Did the organization have members or stockholders?  7 a Did the organization have members or stockholders?  7 a Did the organization have members, stockholders, or other persons who had the power to effect or appoint one or more members of the governing body?  8 Did the organization have members, stockholders, or other persons who had the power to effect or appoint one or more members of the governing body?  8 Did the organization on other than the governing body?  8 Did the organization on other than the governing body?  9 Is the eventual that the governing body?  9 Is the power profiled, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization rating address or short plant the governing body?  10 Did the organization have a written occument retained by the organization because of the profile of the profile organization that the power of the organization have a written occument retained or any objects of the organization have a written document retained or any objects of th				Yes	No
of the governing body, or if the governing body delegated broad authority to an executive committee or imiliar committee, explain in Schedule O  b Enter the number of volting members included in line 1s, above, who are independent  2 b day officer, director, fusice, or key employees have a family relationship or a business relationship with any other officer, director, fusice, or key employees have a family relationship or a business relationship with any other officer, director, fusice or key employees to a management duties customarily performed by or under the direct supervision of officers, directors or fusices, or key employees to a management company or other person?  3 Did the organization make any significant changes to its governing documents as some the prior Form 990 was filed?  5 Did the organization have members or stockholders?  7 a Did the organization have members and stockholders?  7 a Did the organization have members, stockholders?  7 a Did the organization have members, stockholders?  7 a Did the organization have members, stockholders?  8 Did the organization have members, stockholders?  9 Did the organization onterporareously document the meetings held or written actions undertaken during the year by the following.  10 Did the organization contemporareously document the meetings held or written actions undertaken during the year by the following.  11 Did the organization and such as the properties of the properti	1:		335		
b Enter the number of volting members included in line 1a, above, who are independent.    2		If there are material differences in voting rights among members			
b Enter the number of volting members included in line 1a, above, who are independent.    2		authority to an executive committee or similar committee, explain in Schedule O	<b>38</b>	经验	
2 Did any officer, director, trustee or key employee have a family relationship or a business relationship with any other officer, director, fursteer or key employee?  3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, functions or trustees, or key employees to a management company or other person?  4 Did the organization have members or stockholders?  5 Did the organization have members or stockholders?  5 Did the organization have members or stockholders?  6 Did the organization have members or stockholders?  7 Did the organization have members or stockholders?  8 Did the organization have members or stockholders?  8 Did the organization have members of stockholders?  9 Did the organization have members of stockholders?  10 Did the organization have members of stockholders?  11 Did the organization have members of stockholders?  12 Did the organization have members of the organization reserved to (or subject to approval by) members.  13 Stockholders, or other persons other than the governing body?  14 Did the organization contemporaneously document the meetings held or written actions undortaken during the year by the following a 'The governing body?  15 Did the organization have members of the organization reserved to (or subject to approval by) members.  16 Did the organization thave members of the organization reserved to (or subject to approval by) members.  17 Did by the organization thave well an expense organization and the province of the organization thave the members of the governing body?  18 Did the organization thave an expense of the organization have a subject to the province of the province organization members of the province organization members of the organization have well an expense and addresses in Schedule O  19 Did the organization have local chapters, branches, or affiliates?  10 Did the organization have a written benefits and procedures governing the advises of such chapters, affiliates, and tranches t					
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12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.  b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done.  12			A LEV	31.8	A PARTY
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If Yes, 'describe in Schedule O how this was done.  13 Did the organization have a written whistleblower policy?  14 Did the organization have a written whistleblower policy?  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?  a The organization's CEO, Executive Director, or top management official  b Other officers of key employees of the organization  If Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16a 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 taken steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed Paplicable, 990, and 990-T (501(c)(3)s only) available for public inspection, indicate how you make these available. Check all that apply.  28 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection, indicate how you make these available. Check all that apply.  29 Own website Another's website Upon request Other (explain in Schedule O)  19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year  20 State the name, physical address,					
to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If Yes,' describe in Schedule O how this was done.  12 c  13 Did the organization have a written whistleblower policy?  14 Did the organization have a written whistleblower policy?  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?  15 Did the organization's CEO, Executive Director, or top management official the organization's CEO, Executive Director, or top management official the organization in John the organization in John the organization in John the organization in John the organization to evaluate its participation in John the organization follow a written policy or procedure requiring the organization to evaluate its participation in John the organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  19 Describe in Schedule O whether (and if so, how) line organization makes its governing documents, conflict of Interest policy, and financial statements available to the public during the lax year  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  20 Organization  1 Municipal Plaza Freehold  NJ 07728  973 579-0370	, t	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		$\neg \neg$	
Schedule O how this was done.  13 Did the organization have a written whistleblower policy?  14 Did the organization have a written document retention and destruction policy?  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?  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?  15 a The organization's CEO, Executive Director, or top management official  15 b Other officers of key employees of the organization  16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16 a 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 taken steps to safeguard the organization's exempt status with respect to such arrangements?  16 a X  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed Page Jersey  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  2	•	to conflicts?	12 b		
13	c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If Yes,' describe in			
14 Did the organization have a written document retention and destruction policy?					
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?  a The organization's CEO, Executive Director, or top management official	13	Did the organization have a written whistleblower policy?	13		
persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official	14	Did the organization have a written document retention and destruction policy?	14		
persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official	15	Did the process for determining compensation of the following persons include a review and approval by independent		Mark I	<b>*</b>
b Other officers of key employees of the organization		persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	趣	# 7.7E	ESS.
If Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 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 taken steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed New Jersey  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.			15 a		X
If Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 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 taken steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed New Jersey  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  X Own website Another's website X Upon request Other (explain in Schedule O)  19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  Organization  1 Municipal Plaza Freehold NJ 07728 (973) 579-0370	b	Other officers of key employees of the organization			
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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 taken steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed New Jersey  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.    X Own website				199	ar Sirily
taxable entity during the year?  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 taken steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed New Jersey  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.    X Own website	16 a		经常		對這
bit Yes, did the organization follow a Written policy of procedure requiring the digarization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	-	taxable entity during the year?			
participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	b		1		
Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed  New Jersey  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.    X		participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the		41000	17.75
17 List the states with which a copy of this Form 990 is required to be filed ► New Jersey  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.    X Own website	800		.00	1.	
<ul> <li>Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.         <ul> <li>X Own website</li> <li>Another's website</li> <li>X Upon request</li> <li>Other (explain in Schedule O)</li> </ul> </li> <li>Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year</li> <li>State the name, physical address, and telephone number of the person who possesses the books and records of the organization:         <ul> <li>Organization</li> <li>Municipal Plaza Freehold</li> <li>NJ 07728</li> <li>(973) 579-0370</li> </ul> </li> </ul>					
inspection. Indicate how you make these available. Check all that apply.    X				. — — .	
X   Own website	18	Section 5104 requires an organization to make its horms 1023 (or 1024 if applicable), 990, and 990-1 (501(c)(3)s only) available inspection. Indicate how you make these available. Check all that apply.	or put	JIIC	
Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  Organization  1 Municipal Plaza Freehold  NJ 07728  (973) 579-0370					
the public during the lax year  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  Organization 1 Municipal Plaza Freehold NJ 07728 (973) 579-0370	40		o 10		
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  Organization 1 Municipal Plaza Freehold NJ 07728 (973) 579-0370	19	Describe in Schedule D whether (and it so, now) the organization makes its governing documents, contict of interest policy, and financial statements available the public during the tax year.	<b>ម លេ</b>		
Organization 1 Municipal Plaza Freehold NJ 07728 (973) 579-0370	20		1:		
				79-N	370
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Page 7

## Part VIE Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

- 1 a 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 i	nor any rel	ated o	rgan			ompe	nsat	ed any current officer,	director, or trustee	Г
(A) Name and Title	(B) Average hours per	one be	cer an	ess p	heck ersor	more th i is both r/trustee	an	(D)  Reportable  compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza- uons below dotted line)	Individual trustee or director	Officer Institutional trustee Individual trustee or director		Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
_(1) Stephanie Carey President	2.00	Х		х				0.	0.	0.
(2) Trevor Weigle President-Elect	2.00	х		х				0.	0.	0.
(3) Lisa Gulla Vice President	2.00	х		х				0	0.	0.
(4) Kevin Sumner Secretary	_ 2 .00	Х		х				0.	0.	0.
(5) Margaret Jahn Treasurer	2.00	Х		х				0.	0.	0.
(6) Pete Summers  Immediate Past President	_ <u>2.00</u> nt	Х		х				0.	0.	0.
(7) Pete Correale Past President	_ 200	х		х				0.	0.	0.
(8) Lucy Forgione At-Large Representative		Х		х				0.	0.	0.
(9) Ralph D'Aries At-Large Representativ		Х						0.	0.	0.
(10) Nancy Mangieri At-Large Representativ		X						0.	0.	0.
(11) Nancy Gerrity At-Large Representativ		х_						0.	0.	<u>0.</u>
(12) Patricia Diamond At-Large Representativ		Х						0.	0.	0.
(13) <u>Marsha McGowan</u> At-Large Representativ		х						0.	0.	<u> </u>
(14) Bill Wallace At-Large Representativ	2.00 e	х						0.	0.	0.

Form 990 (2013) NEW JERSEY HEALTH OFFICE									22-329128	
Part VII Section A. Officers, Directors, Trus		Key	En			es,	an	d Highest Con	pensated Emp	loyees (continued)
(A) Name and title	Average hours per week	off	c, unle	Pos check ess pe	rson i	than o	an ee)	Reportable compensation from the organization	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
	(list any hours for related organiza - tions below dotted line)	or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	ormer	(W-2/1099-MISC)	(w-2/10 <del>89-M</del> ISC)	from the organization and related organizations
(15) Megan Avallone At-Large Representative	2,00	×						0.	0.	0.
At-Large Representative (16) Dave Henry	2.00		-	├─				0.	<u> </u>	<del>`</del>
At-Large Representative	1-2-00	x						0.	0.	0.
(17) Les Jones	2.00	<del> </del>				$\vdash$	_	Ų.	· · · · · · · · · · · · · · · · · · ·	<u> </u>
At-Large Representative		Х						0.	0.	0.
(18) Pete Tabbot At-Large Representative	2.00	х						0.	0.	0.
(19) Dave Richardson	2.00									
At-Large Representative		Х						0.	0.	0.
(20)										
(21)										
(22)										
(23)					_					<del></del>
(24)										
(25)										
1 b Sub-total.							>	0.	0.	0.
c Total from continuation sheets to Part VII, Section	Α					'	<b>-</b>			
d Total (add lines 1b and 1c)	· · · · ·				• •	• •	<b>-</b>	0.	0.	0.
2 Total number of Individuals (including but not limited to from the organization ►	o those I	isted	abo	ve)	who	rece	vec	s more than \$100,0	00 of reportable con	npensation
3 Did the organization list any former officer, director, o	r trustee	kov	em	nlov	ee (	or bio	hes	t compensated em	nlovee	Yes No
on line 1a? If 'Yes,' complete Schedule J for such indi	vidual .	•	•	• •	• •		٠			. 3 X
4 For any individual listed on line 1a, is the sum of reporting the organization and related organizations greater that such individual	n \$150.0	900?	If 'Y	es' c	ome	olete -	Şch	edule J for		. 4 X
5 Did any person listed on line 1a receive or accrue con for services rendered to the organization? If 'Yes,' con	npensation plete Sc	on fro	om a ule u	ny ι I for	inrel suci	lated h per:	org son	anızatıon or ındıvid	ual 	. 5 X
Section B. Independent Contractors		. 34			1	16-1		bled mass than \$1	00.000 of	
Complete this table for your five highest compensated compensation from the organization. Report compens	ation for	the	cale	ndar	yea	rend	ing	with or within the c	organization's tax yea	
(A) Name and business address  (B) Description of services Compensation									(C) Compensation	
							$\dashv$			
							4			
							<u> </u>			v reskriger, i st
<ul> <li>Total number of independent contractors (including bu \$100,000 of compensation from the organization</li> </ul>	ıt not lim	ited t	o th	050	liste	d abo	ve) _	who received mor	e than	A STANK SOLVE
BAA	Y	FEAO	108	11/11	/13				<del></del>	Form 990 (2013)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) (A) (B) (C) Total revenue Related or Unrelated Revenue exempt business excluded from tax function revenue under sections 512-514 revenue TEN STATE 1 a Federated campaigns . . . . 1 a CONTRIBUTIONS, GIFTS, GRANTS 16 b Membership dues . . . . . 16,850 c Fundraising events . . . . . . 1 c d Related organizations . . . . . 1 d e Government grants (contributions) - . 1 e 260,391 f All other contributions, gifts, grants, and similar amounts not included above. g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f . . . . . . PROGRAM SERVICE REVENUE Business Code 16,796 Meetings and Seminars f All other program service revenue . g Total, Add lines 2a-2f . . . . . investment income (including dividends, interest and Income from Investment of tax-exempt bond proceeds . . 5 (ii) Personal (ı) Real 6 a Gross rents . b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (u) Other (i) Securities 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses . . c Gain or (loss) d Net gain or (loss) . . 8 a Gross income from fundraising events OTHER REVENUE (not including. \$ of contributions reported on line 1c). See Part IV, line 18. . . . . . . . . . . . . b Less direct expenses . . . . . . . c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19. . . . . . . . . b Less direct expenses . . b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances . b Less cost of goods sold . . . . . c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** بغيرة والمنطقة والمتعارة المتعارة 11a Other 611710 32,625 d All other revenue . . . . . e Total. Add lines 11a-11d . 32,625

Total revenue. See Instructions . . . . . . . . . . . .

326,662

49,421

22-3291284

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									
	not Include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21									
2	Grants and other assistance to individuals in the United States See Part IV, line 22									
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16									
4 5	Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees									
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)									
7	Other salanes and wages									
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).		-							
9	Other employee benefits									
10	Payroll taxes									
11	Fees for services (non-employees)									
	Management									
	Legal									
	: Accounting	5,000.	0.	5,000.	0.					
	Lobbying	38,500.	38,500.	0.	0.					
	Professional fundraising services See Part IV, line 17		<b>新游戏或歌游戏歌</b>	THE CONTRACTOR						
f	Investment management fees									
Ŭ	Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)									
	Advertising and promotion	1 016	1 455	471						
13	Office expenses	1,946.	1,475.	471.						
14	Information technology									
15	Royalties									
16	Occupancy	}								
17	Travel									
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	23,001.	23,001.	0.	0.					
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization				<u> </u>					
23	Insurance	938.	938.	0.	0.					
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.)									
a b		247,960.	247,960.	0.	0.					
c										
d										
е	All other expenses									
_	Total functional expenses Add lines 1 through 24e.	317,345.	311,874.	5,471.	0.					
26	Joint costs. Complete this line only if the 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)	, , , , , , , , , , , , , , , , , , ,								

Form 990 (2013) NEW JERSEY HEALTH OFFICERS ASSOCIATION

[Part X Balance Sheet

			Check if Schedule O contains a response or note to any line in this Part X			
3 Piedges and grants receivable, nat.  4 Accounts receivable, nat.  5 Loans and other receivables from current and former officers, directors, trusteess, key employees, and highest compensated employees Complete Part II of Schedule L.  6 Loans and other receivables from other disqualified persons (as defined under section 4958(r)(1)), persons described in section 4958(r)(3)(8), and contributing employers and sponsoring organizations of section 50(r)(6)) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L.  7 Notes and loans receivables from other disqualified persons (as defined under section 4958(r)(1)), persons described in section 4958(r)(3)(8), and contributing employers and sponsoring organizations of section 50(r)(6)) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L.  7 Notes and loans receivables from the disqualified persons (as defined under section 4958(r)(1)), persons described in section 4958(r)(6)) voluntary employees beneficiary organizations (see instructions). Section 4958(r)(6)) voluntary employees beneficiary organizations (see instructions). Section 4958(r)(6)) voluntary employees beneficiary organizations (see instructions). Section 4958(r)(6)) voluntary employees beneficiary and complete Part II of Schedule L.  7 Notes and clear receivables from their disease.  8 Prepaid expenses and deferred charges.  9 Prepaid expenses and deferred charges.  10a Land, buildings, and equipment cost or other basis. Complete Part II of Schedule 1.  10a bless, escerumidated deperaction.  10b lines (lines 2) through 15 (must equal line 34).  10c Part assets. Add lines 1 through 15 (must equal line 34).  10c Part assets. Add lines 1 through 15 (must equal line 34).  10c Part assets. Add lines 1 through 15 (must equal line 34).  10c Part assets. Add lines 1 through 15 (must equal line 34).  10c Part assets or final parables to unrelated third parties.  10c Part and parables to unrelated third parties.  10c Part and parab				(A) Beginning of year		(B) End of year
3 Pledges and grants receivable, net. 4 Accounts receivable, net. 5 Loans and other receivables from current and former officers, directors, rustess, key employees, and highest compensated employees Complete Part I in G Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4556((1)), esponsion described in section 4555((3)), esponsion described in section 501((3)) voluntary employees and sponsion great received in section 501((3)) voluntary employees and sponsion great received in section 501((3)) voluntary employees and sponsion great received in section 501((3)) voluntary employees and sponsion great received in section 501((3)) voluntary employees and section 501((3))		1	Cash – non-interest-bearing	83,234.	1	46,572.
4 Accounts receivable, net		2	Savings and temporary cash investments		2	
5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part I for Schedule L  6 Loans and other receivables from other disqualified persons (as defined under section 4950((1)), layout 4550((1)), and contributing section 4950((1)), provided the section 4950((1)), and contributing section 4950((1)), provided the section 4950((1)), and contributing section 4950((1)), and con		3	Pledges and grants receivable, net	14,175.	3	
tustess, key employees, and highest compensated employees Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(r(1)) agreement of Schedule L 7 Notes and ponsoning organizations of section 501(r)(9) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventiones for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part II of Schedule D 10b Less, accumulated depreciation 10c Less, accumulated depreciation 11 Investments – publicly traded securities 12 Investments – publicly traded securities 13 Investments – publicly traded securities 13 Investments – publicly traded securities 14 Intangible assets. 15 Other assets See Part IV, line 11 16 Total assets, Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses. 18 Grants payable and accrued expenses. 24, 613, 17 25 Deferred revenue 26 Tax-exempt bond liabilities 27 Less and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons 28 Complete Part II of Schedule D 29 Tax-exempt bond liabilities out included on lines 17-24) Complete Part IV of Schedule D 21 Less and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons 29 Complete Part II of Schedule L 20 Tax-exempt bond liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons 20 Thor traditions of the complete Part IV of Schedule D 21 Complete Part II of Schedule L 22 Complete Part II of Schedule L 23 Ceptale Part II of Schedule L 24 Unsecured notes and loans payable to unrelated third parties 25 Other traditions of the payable to unrelated third parties 26 Total Italiatities		4	Accounts receivable, net		4	
Complete Part VI of Schedule D   10		5	trustees, key employees, and highest compensated employees. Complete		5	
10 a Land, buildings, and equipment cost or other basis.		6	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'			
10 a Land, buildings, and equipment cost or other basis.	A	7	Notes and loans receivable, net		7	
10 a Land, buildings, and equipment cost or other basis.	Š	8	Inventories for sale or use		8	
10 a Land, buildings, and equipment cost or other basis.	Ţ	9	Prepaid expenses and deferred charges		9	
11   Investments - publicly traded secunties   11   12   Investments - other secunties See Part IV, line 11   12   Investments - other secunties See Part IV, line 11   13   Investments - program-related See Part IV, line 11   13   Investments - program-related See Part IV, line 11   14   15   15   14   Intangible assets   14   14   15   15   15   15   15   15		-	Land, buildings, and equipment cost or other basis.			
12   Investments — other securities See Part IV, line 11   13   Investments — program-related See Part IV, line 11   13   Intangible assets .	ļ	b	Less, accumulated depreciation 10 b	And of the state o	10 c	
12   Investments — other secunties See Part IV, line 11   13   Investments — program-related See Part IV, line 11   13   Integration of the program of th	l	11	Investments – publicly traded securities		11	
13   Investments — program-related See Part IV, line 11   14   Intangible assets   14   Intangible assets   15   Other assets See Part IV, line 11   15   15   16   Total assets. Add lines 1 through 15 (must equal line 34)   97, 409   16   46, 572   17   Accounts payable and accrued expenses   24, 613   17   5,000   18   Grants payable   18   18   19   Deferred revenue   40,541   19   20   21   Escrow or custodial account liability Complete Part IV of Schedule D   21   22   Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons   22   23   Secured mortgages and notes payable to unrelated third parties   23   24   Unsecured notes and loans payable to unrelated third parties   23   24   25   Cher liabilities (including federal income tax, payables to related third parties   24   25   Cher liabilities (including federal income tax, payables to related third parties   25   25   25   25   25   25   25   2	- [		· · ·		12	-
14					13	
15 Other assets See Part IV, line 11  16 Total assets. Add lines 1 through 15 (must equal line 34)  17 Accounts payable and accrued expenses.  24 (-61, 3). 17 5,000.  18 Grants payable  19 Deferred revenue  20 Tax-exempt bond liabilities  21 Escrow or custodial account liability Complete Part IV of Schedule D  22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons  22 Complete Part II of Schedule L  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities incliuding federal income tax, payables to related third parties, and other liabilities not incliuded on lines 17-24) Complete Part X of Schedule D  25 Total liabilities. Add lines 17 through 25.  26 Total liabilities. Add lines 17 through 25.  27 Unrestricted net assets  28 Permanently restricted net assets  29 Permanently restricted net assets  29 Permanently restricted net assets  20 Capital stock or irust principal, or current funds  30 Capital stock or irust principal, or current funds  31 Paid-in or capital surplus, or land, building, or equipment fund  32 Retained earnings, endowment, accumulated income, or other funds  31 Total net assets or fund balances  32 (-55, 33 41, 572.		-	, g			
16 Total assets. Add lines 1 through 15 (must equal line 34)  17 Accounts payable and accrued expenses.  18 Grants payable and accrued expenses.  20 (24,613,17 5,000.  18 Grants payable and accrued expenses.  21 (24,613,17 5,000.  22 (25 (25 (25 (25 (25 (25 (25 (25 (25 (						······································
17 Accounts payable and accrued expenses.  18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities. 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part I of Schedule L 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part I of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 25 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here  and complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets 28 Temporanly restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances. 32 Joseph Part IV of Schedule D 34 Joseph Part IV of Schedule D 35 Joseph Part IV of Schedule D 36 Joseph Part IV of Schedule D 37 Joseph Part IV of Schedule D 38 Joseph Part IV of Schedule D 39 Joseph Part IV of Schedule D 30 Joseph Part IV of Schedule D 31 Part IV o				97 409		46 572
18 Grants payable	$\dashv$		Accounts payable and accrued expenses			
19 Deferred revenue			•	21,010,1	18	
Tax-exempt bond liabilities			• •	40,541.	19	
21 Escrow or custodial account liability Complete Part IV of Schedule D.  22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L.  23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities and tincluded on lines 17-24) Complete Part X of Schedule D  25 Total liabilities. Add lines 17 through 25.  26 Total liabilities. Add lines 17 through 25.  27 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.  28 Temporanly restricted net assets.  29 Permanently restricted net assets.  20 Organizations that do not follow SFAS 117 (ASC 958), check here And complete lines 30 through 34.  30 Capital stock or frust principal, or current funds.  31 Paid-in or capital surplus, or land, building, or equipment fund.  31 Paid-in or capital surplus, or land, building, or equipment fund.  32 Retained earnings, endowment, accumulated income, or other funds.  33 Total net assets or fund balances.  34 1, 572.	.	20	Tax-exempt bond liabilities		20	
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L  23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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  25 Total liabilities. Add lines 17 through 25.  Corganizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets. 28 Temporanly restricted net assets. 29 Permanently restricted net assets. 29 Permanently restricted net assets. 29 Permanently restricted net assets. 29 Organizations that do not follow SFAS 117 (ASC 958), check here Dand complete lines 30 through 34. 30 Capital stock or trust principal, or current funds. 31 Paid-in or capital surplus, or land, building, or equipment fund. 32 Retained earnings, endowment, accumulated income, or other funds. 33 Total net assets or fund balances. 34 Unsecured notes and loans payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Cother liabilities (including federal income tax, payables to related third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Cother liabilities (including federal income tax, payables to related third parties. 26 5 Cother liabilities (including federal income tax, payables to related third parties. 26 5 5.000. 27 4 0.000. 28 6 5, 154 26 5, 000. 29 5 5 27 41, 572. 29 0 20 20 20 20 20 20 20 20 20 20 20 20 2	1		·		21	**· ·· · · · · · · · · · · · · · · · ·
23 Secured mortgages and notes payable to unrelated third parties	BILL		Loans and other payables to current and former officers, directors, trustees.		THE T	
24 Unsecured notes and loans payable to unrelated third parties 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 25 Total liabilities. Add lines 17 through 25.  Corganizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets.  28 Temporanly restricted net assets.  29 Permanently restricted net assets.  Organizations that do not follow SFAS 117 (ASC 958), check here Departmently restricted net assets.  Capital stock or trust principal, or current funds.  30 Capital stock or trust principal, or current funds.  31 Paid-in or capital surplus, or land, building, or equipment fund.  32 Retained earnings, endowment, accumulated income, or other funds.  33 Total net assets or fund balances.  24   25   26	T	23			23	
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D  25  Total liabilities. Add lines 17 through 25	S				24	
Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets			Other liabilities (including federal income tax, payables to related third parties.		25	.,
Ilines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets	_	26	Total liabilities. Add lines 17 through 25.	65,154.	26	5,000.
Ilines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets	N E		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete			
28 Temporanly restricted net assets	1		lines 27 through 29, and lines 33 and 34.		逐星	
Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.  Capital stock or trust principal, or current funds.  Paid-in or capital surplus, or land, building, or equipment fund.  Retained earnings, endowment, accumulated income, or other funds.  Total net assets or fund balances.  29  29  29  29  29  29  29  29  29  2	ŝ	27	Unrestricted net assets	32,255.	27	41,572.
Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.  Capital stock or trust principal, or current funds.  Paid-in or capital surplus, or land, building, or equipment fund.  Retained earnings, endowment, accumulated income, or other funds.  Total net assets or fund balances.  29  29  29  29  29  29  29  29  29  2	Ĕ	28	Temporanly restricted net assets		28	
and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds	- 1	29	Permanently restricted net assets		29	
Paid-in or capital surplus, or land, building, or equipment fund	- 1					
Paid-in or capital surplus, or land, building, or equipment fund	ž	30	Capital stock or trust principal, or current funds		30	
Retained earnings, endowment, accumulated income, or other funds		31	Paid-in or capital surplus, or land, building, or equipment fund		31	
33 Total net assets or fund balances	ĚΙ	32	Retained earnings, endowment, accumulated income, or other funds		32	
	Ñ		<u> </u>	32,255.	33	41,572.
	Ĕ		Total liabilities and net assets/fund balances		34	

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Form 990 (2013) NEW JERSEY HEALTH OFFICERS ASSOCIATION	22-329	1284	۲	age 12
RarttXI Reconciliation of Net Assets				
Check if Schedule O contains a response or note to any line in this Part XI	. <b></b>			
1 Total revenue (must equal Part VIII, column (A), line 12)	1		328,	937.
2 Total expenses (must equal Part IX, column (A), line 25)	2		319,	620.
3 Revenue less expenses. Subtract line 2 from line 1	. 3		9,	317.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		32,	255.
5 Net unrealized gains (losses) on investments	5			
6 Donated services and use of facilities	. 6			
7 Investment expenses	<u> </u>			
8 Prior period adjustments	<u> </u>	<del></del>	_	
9 Other changes in net assets or fund balances (explain in Schedule O)	9			_
Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)).	40			
Part XIII Financial Statements and Reporting	· ·   10	-	41.	<u>572.</u>
Financial Statements and Reporting				
Check if Schedule O contains a response or note to any line in this Part XII	· · · · ·	<u></u>	· · · · · ·	ىلن
		r	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 pnor year or checked 'Other,' explain in Schedule O.		r pag		
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a	X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both.	on a	E(1)		
Separate basis Consolidated basis Both consolidated and separate basis		ľ		
b Were the organization's financial statements audited by an independent accountant?		· ·	2 b X	1
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate	<del>)</del>	13		
basis, consolidated basis, or both  X Separate basis Consolidated basis Both consolidated and separate basis				135
		1*		e desagn
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,		2 c	Х
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		疫囊		
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S Audit Act and OMB Circular A-133?	ngle 	[_	3 в	Х
b if 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit	ļ		
or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u> </u>	<u>l</u>	3 b	
BAA		F	Form <b>990</b> (	2013)

#### SCHEDULE C (Form 990 or 990-EZ)

#### Political Campaign and Lobbying Activities

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

OMB No 1545-0047 2013

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

• Section 501(c)(3) organizations. Complete Parts I-A and B. Do not complete Part I-C

Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2013

<ul><li>Section 501(c) (other than section 527 organizations: Con</li></ul>	ion 501(c)(3)) organizations: Complete Parts inplete Part I-A only	I-A and C below. Do no	ot complete Part I-B.	
	s,' to Form 990, Part IV, line 4, or Form 990 that have filed Form 5768 (election under se			
Section 501(c)(3) organizations     Part II-A	that have NOT filed Form 5768 (election und	ler section 501(h)) Co	mplete Part II-B. Do not	complete
	s,' to Form 990, Part IV, line 5 (Proxy Tax) o	or Form 990-EZ, Part	V, line 35c (Proxy Tax),	then
Name of organization	ganizations Complete Part III.		Employer (dentific	ation number
·	TORRE ACCOCIAMION		22-329128	
NEW JERSEY HEALTH OFF	organization is exempt under secti	on 501(c) or is a		
o distance &	rganization's direct and indirect political camp		·	
2 Political expanditures	· · · · · · · · · · · · · · · · · · ·	algit activities in Fait i	۷.	: <b>&gt;</b>
2 Political expenditures	· · · · · · · · · · · · · · · · · · ·			,
Dort 198 Complete States		on 501/o\(2\)		
raigi-pr Complete it the o	rganization is exempt under secti se tax incurred by the organization under sect	on 30 1(c)(3).		
	se tax incurred by organization managers und			
3 If the organization incurred a s	section 4955 tax, did it file Form 4720 for this	year?		Yes No
4 a Was a correction made? .				. Yes No
b If 'Yes,' describe in Part IV				
Part I-C Complete if the o	rganization is exempt under secti	on 501(c) , excep	t section 501(c)(3)	•
	ended by the filing organization for section 52			
2 Enter the amount of the filing function activities	organization's funds contributed to other orga	nizations for section 5	27 exempt ► \$	3
3 Total exempt function expend line 17b	itures. Add lines 1 and 2. Enter here and on F	Form 1120-POL,		
4 Did the filing organization file	Form 1120-POL for this year?			Yes No
5 Enter the names, addresses a	and employer identification number (EIN) of al For each organization listed, enter the amoun ns received that were promptly and directly de action committee (PAC). If additional space is	I section 527 political of	organizations to which the	e filing enter the
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds it none, 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)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2	2013NEW JERSEY	HEALTH OFFICERS	ASSOCIATION	22-32	91284 Page 2
Partil A Complete i	f the organization	n is exempt under s	ection 501(c)(3) an	d filed Form 5768 (	
		igs to an affiliated group (ar	nd list in Part IV each affi	liated group member's na	ime,
address	s, EIN, expenses, and	share of excess lobbying e	expenditures)		
B Check ► I if the file	ng organization checl	red box A and 'limited contr	ol' provisions apply.		
(The terr	Limits on Lobby m 'expenditures' me	ing Expenditures ans amounts pald or incu	rred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expendit	ures to influence publ	ic opinion (grass roots lobb)	ying)	<u> </u>	
b Total lobbying expendit	ures to influence a leg	pstative body (direct lobbying	ng)		
c Total lobbying expenditi	ures (add lines 1a and	d 1b)			
d Other exempt purpose (	expenditures				<u> </u>
e Total exempt purpose e	expenditures (add line	s 1c and 1d)			
f Lobbying nontaxable an both columns	nount Enter the amou	unt from the following table	in 		
If the amount on line 1e, co		The lobbying nontaxable		AND THE PROPERTY OF THE PARTY O	
Not over \$500,000		20% of the amount on line 1e	<del></del>		
Over \$500,000 but not over \$	1.000.000	\$100,000 plus 15% of the exces	s over \$500,000		
Over \$1,000,000 but not over	<del></del>	\$175,000 plus 10% of the exces			
Over \$1,500,000 but not over		\$225,000 plus 5% of the excess			
Over \$17,000,000		\$1,000,000			
<u> </u>	amount (enter 25% of	line 1f)			
h Subtract line 1g from lin	•	•			
i Subtract line 1f from line	·				
j If there is an amount oth	ner than zero on eithe	r line 1h or line 1i, did the oi			Tyes Tho
section 4911 tax for this	<u> </u>	· · · · · · · · · · · · · · · · · · ·			· · · Tes No
(Son	ne organizations tha	1-Year Averaging Period t t made a section 501(h) e is below. See the instruct	lection do not have to d	complete all of the five th 2f.)	
	Lobb	ying Expenditures During	4-Year Averaging Peri	od	
Calendar year (or fiscal year beginning in)	(a) 2010	(ь) 2011	(c) 2012	(d) 2013	(e) Total
2 a Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e)).					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					

f Grassroots lobbying expenditures . . .

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Schedule C (Form 990 or 990-EZ) 2013

Part 11-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each 'Yes' response to lines 1a through 1l below, provide in Part IV a detailed description	{a	a) 	ļ	(b)	
of the lobbying activity	Yes	No	Ап	nount	
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.					
a Volunteers?	Airtie-E i.	Taliffac 1993	<b>医器型</b>		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?			FILL SEED OF THE FILLS	E.T. JAPANOO	Pr. ( L. 177) Fact
d Mallings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
I Other activities?			· · · · · · · · · · · · · · · · · · ·		
j Total. Add lines 1c through 11		强震			
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	This little of	es cream in	ARTHUR!	Contract to	### S
b If Yes, enter the amount of any tax incurred under section 4912	472.4	K-4595	THE HE HAS SIE	إ والمعطر مشكلة الأواتة	1345
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	(C) (1954)   [1]	din _{as} idikiri	* Cares Survivo	74 FMF	能影響
Rart:III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	-\(E\		A. 121.4 18.49 25.414	የተ <del>ተ</del> ንኛው <b>ሳ</b> የውና	量は発売する
section 501(c)(6).	<i>)</i> (0),	, 01			
3ection 30 1(c)(o).				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?				<del>  ^</del>	X
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?			}	X	
				,	
Complete if the organization is exempt under section 501(c)(4), section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) Part III-A, lines 1 and 2, are answered 'Yes.'	art II	I-A, I	ine 3, is	U I (C)	
1 Dues, assessments and similar amounts from members	]	1		16,8	50.
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	190 at 1974				
a Current year		2 a		38,5	00
b Carryover from last year		2 b		31,7	
c Total		2 c	<del></del>	70,2	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		16,8	
3 Aggregate amount reported in addition bood(o)(1)(A) honord or nonadodation doction for (o) doctors in the control of the con	ğ	#35 K.		10,0	<del>50.</del>
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political		4		E 2 A	4.2
expenditure next year?	``.\-	5		53,4	
5 Taxable amount of lobbying and political expenditures (see instructions)	- 1	<u> </u>			0.
rovide 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-B, line 1 Also, complete this part for any additional information.					
art III-B, line 2a LEGISLATIVE ACTIVITIES;					
-Issue alerts to members regarding important public					
health legislation					
-Participate in political initiatives affecting all					
aspects of public health	ulo C	/Earm	990 or 990	E71.2	012

Schedule C (Form 990 or 990-EZ) 2013NEW JERSEY HEALTH OFFICERS ASSOCIATION  Partily Supplemental Information (continued)	22-3291284	Page 4
Part IV Supplemental information (continued)	<del></del>	
•		
•		
	. <b></b>	
	<del></del>	
	- <b></b>	
	<b></b>	
	. <b></b>	
	<b></b>	

#### SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its Instructions is at www.lrs.gov/form990.

OMB No 1545-0047 2013

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public

Employer Identification number

NE	w JERSEY HEALTH OFFICERS ASSOCIA	a m t ON		1.	22-3291284	
	Organizations Maintaining Donor		er Similar Fund			
<u>Pa</u>	Complete if the organization answer	ed 'Yes' to Form 990. P	art IV. line 6.	33 OI ACC	Juints.	
		(a) Donor advised f		(b) Fu	nds and other acco	nunts
1	Total number at end of year	(4) Bonor adviced i	41100	(5) ( 5	7100 0170 01101 0001	
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)	<del>,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,</del>			·	
4	Aggregate value at end of year					
_			4. t1.dd			
5	Did the organization inform all donors and donor ad are the organization's property, subject to the organ	ivisors in writing that the assetization's exclusive legal conti	rol?	ised funds	· · · Tyes	No
6	Did the organization inform all grantees, donors, an for charitable purposes and not for the benefit of the impermissible private benefit?	d donor advisors in writing the donor or donor advisor, or for some control of the control of th	or any other purpose	conferring	Yes	☐ No
På	Conservation Easements. Complete if the organization answere	ed 'Yes' to Form 990. P.	art IV line 7			
1	Purpose(s) of conservation easements held by the			· · · · · · · · · · · · · · · · · · ·		
•	Preservation of land for public use (e.g., recrea		<u> </u>	n historically	important land are	a
	Protection of natural habitat	,	Preservation of a	-	•	
	Preservation of open space	ι				
2	Complete lines 2a through 2d if the organization hel	ld a qualified conservation co	ntribution in the form	of a conserv	vation easement or	n the
	last day of the tax year.	•		E-San Florida		
				77.5.5	ld at the End of the	ne Tax Year
	Total number of conservation easements			2 a		
	Total acreage restricted by conservation easements			2 b		
(	Number of conservation easements on a certified hi	istoric structure included in (a	)	2 c		
•	d Number of conservation easements included in (c) a structure listed in the National Register		ot on a historic	2 d		
3	Number of conservation easements modified, transft tax year ►	ferred, released, extinguished	l, or terminated by th	ne organizatio	on duning the	
4	Number of states where property subject to conserv	ration easement is located 🟲				
5	Does the organization have a written policy regarding and enforcement of the conservation easements it has been expected as the conservation of the conservation easements in the conservation easements in the conservation easements in the conservation easements.			violations.	Yes	No
6	Staff and volunteer hours devoted to monitoring, ins	pecting, and enforcing conse	rvation easements d	luring the yea	ar	
7	Amount of expenses incurred in monitoring, inspects	ing, and enforcing conservation	on easements during	the year		
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	2(d) above satisfy the require	ments of section 17	0(h)(4)(B)(ı)	· · · Yes	No
9	In Part XIII, describe how the organization reports or include, if applicable, the text of the footnote to the c	onservation easements in its organization's financial statem	revenue and expensions that describes	se statement, the organizat	and balance shee	t, and
	conservation easements				· · · · · · · · · · · · · · · · · · ·	
Par	Organizations Maintaining Collecti Complete if the organization answere	ons of Art, Historical ed 'Yes' to Form 990, Pa	Treasures, or Oart IV, line 8.	ther Simil	lar Assets.	
1 a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held in Part XIII, the text of the footnote to its financial sta	for public exhibition, education	n, or research in furt	ment and bal herance of p	lance sheet works ublic service, provi	of de,
t	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for p following amounts relating to these items:	public exhibition, education, or	r research in furthera	ance of public	service, provide t	rt, he
	(i) Revenues included in Form 990, Part VIII, line 1					
	(iI) Assets included in Form 990, Part X $\dots$ .				. ►\$	
2	If the organization received or held works of art, histoamounts required to be reported under SFAS 116 (A	orical treasures, or other simil ASC 958) relating to these iter	lar assets for financi ns.	al gain, provid	de the following	<del></del>
	Revenues included in Form 990, Part VIII, line 1 $$		· · · · · · · · · · · · · · · · · · ·		. ▶\$	
	Accets included in Form 800, Dart Y				- 0	

Schedule D (Form 990) 2013 NEW	JERSEY H	EALTH	OFFICERS of Art. His	ASSC torica	CIATION Treasures.	or Othe	22-329 r Similar As		contin	Page ued)
3 Using the organization's acquisition										
items (check all that apply).	m, accession	, and othe	records, chec	k any o	i die ioliowing tri	at are a sit	Jiincant us <del>o</del> or i	is conec	Juun	
a Public exhibition			d DLoar	n or exc	hange programs	;				
b Scholarly research			e Othe	er						
c Preservation for future genera										
4 Provide a description of the organ Part XIII										
5 During the year, did the organizati to be sold to raise funds rather that	on solicit or ri	eceive doi	nations of art, h	istorica Inization	l treasures, or ot i's collection? .	her sımılar	assets	☐ Ye:		No
Part IV Escrow and Custodia	al Arrange	ments.	Complete if	the or					-	
1 a Is the organization an agent, truste on Form 990, Part X?			intermediary for			assets not i	ncluded	Yes		No
b If 'Yes,' explain the arrangement in	n Part XIII and	d complete	the following t	lable						
								Amour	ıt	
c Beginning balance						10	·			
d Additions during the year						10	1			
e Distributions during the year				• • • •		10				
f Ending balance				• • • •		. 11	1		<del></del>	<del></del>
2 a Did the organization include an an								Yes	·	No
b If 'Yes,' explain the arrangement in	Part XIII Ch	eck here i	if the explantion	n has be	en provided in F	art XIII .			٠ [	
Part:V∰ Endowment Funds. C	omplete if	the ora:	anization an	SMOTO	d 'Yes' to For	m 990 E	Part IV line 1	<u></u>		
Pares visa Endowment runus.	(a) Curren		(b) Prior yea		(c) Two years ba		Three years back	T	Four year	s hack
1 a Beginning of year balance	(a) Curren	i yeai	(b) Filor yea	21	(c) I wo years no	(6)	Timee years back	1 (0)	our year	3 DOCK
<b>b</b> Contributions								†	-	
			<del></del>		<del></del>			-		
c Net investment earnings, gains, and losses										
d Grants or scholarships	<u> </u>		******							
e Other expenditures for facilities and programs										
f Administrative expenses										<del></del>
g End of year balance		1						<u> </u>		
2 Provide the estimated percentage	of the current	year end		g, colur	nn (a)) heid as					
a Board designated or quasi-endowr	_		—_ %							
b Permanent endowment	[{]	ł .	•							
c Temporarily restricted endowment			- 8 							
The percentages in lines 2a, 2b, ar	nd 2c should	equal 100	%							
3 a Are there endowment funds not in organization by.	the possession	on of the o	rganization tha	t are he	ld and administe	ered for the			Yes	No
(i) unrelated organizations		· · · · ·						3a(i)		
(II) related organizations								3a(ii)		
b If 'Yes' to 3a(II), are the related org								3b		L
4 Describe in Part XIII the intended u			's endowment f	funds						
Part:VIX Land, Buildings, and Complete if the organiz			es' to Form 9	990, P	art IV, line 11	a. See F	orm 990, Pa	rt X, li	ne 10.	
Description of property			or other basis estment)		Cost or other asis (other)	dep	cumulated reciation	(d) [	Book va	iue
1a Land						3的海豚	<b>建筑,在时间</b>			
b Buildings				<u> </u>		<u> </u>				
c Leasehold improvements .						<del> </del>				<del></del>
d Equipment						<del> </del>				
- Other			1				ı,			

Schedule D (Form 990) 2013

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . BAA

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
( <u>F)</u>		
( <u>G</u> )		
(H)	<del> </del>	
(1)		
Total (Column (b) must equal Form 990, Part X, column (8) line 12)  Part VIII Investments — Program Related.		。 「我们会就是严禁。」特别的特别。"是我们的经验,你可能是我们你也想要,这么可能只是会。"
Complete if the organization answered 'Y	es' to Form 990,	Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		HOREO A LANGUAGO (CONTRACTO CONTRACTO DE MARIE LA CONTRACTO DE CONTRAC
Total (Column (b) must equal Form 990, Part X, column (B) line 13)	<del></del>	
Part IX Other Assets. Complete if the organization answered 'Y	'es' to Form 990. I	Part IV, line 11d. See Form 990, Part X, line 15.
(a) Des		(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6) (7)		
(8)	····	
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B), lir	ne 15)	
Part X Other Liabilities. Complete if the organization answered 'Yes' to For	m 990, Part IV, line 1	1e or 11f See Form 990, Part X, line 25
(a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3) (4)		
(5)	<del></del>	
(6)		
(7)		
(8)		
(9)		The state of the s
(10)		
(11)		
otal. (Column (b) must equal Form 990, Part X, column (B) line 25)		The state of the s
2. Llability for uncertain tax positions. In Part XIII, provide the text of the footno ax positions under FIN 48 (ASC 740) Check here if the text of the footnote has		

Schedule D (Form 990) 2013 NEW JERSEY HEALTH OFFICERS ASSOCIATION 2	2-3291284	Page 4
PartXI Reconciliation of Revenue per Audited Financial Statements With Revenue per I	Return.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	. 1	328,937.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments		
b Donated services and use of facilities		
c Recovenes of prior year grants		
d Other (Describe in Part XIII )		
e Add lines 2a through 2d		
3 Subtract line 2e from line 1	3	328,937.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	1200	320/331.
a Investment expenses not included on Form 990, Part VIII, line 7b 4 a	17.05 18.05	
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	- 4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	. 5	328,937.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per		320,337.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	itotaiii.	
1 Total expenses and losses per audited financial statements	1 1	319,620.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	- 15 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
b Prior year adjustments	-	
c Other losses	-	
d Other (Describe in Part XIII )		
e Add lines 2a through 2d	. 2 e	
3 Subtract line 2e from line 1	. 3	319,620.
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	- 3	
b Other (Describe in Part XIII )		
c Add lines 4a and 4b		310 620
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	1 3 1	319,620.
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any addition	nal information	
ine 4, Part X, line 2; Part XI, lines 20 and 40, and Part XII, lines 20 and 40. Also complete this part to provide any addition	mai information.	
Part XI, line 1 The audit has not been completed as of the date of the	<u>ie</u>	
Part XII, line 1 tax return submission.		
	<b></b>	
		<del> </del>
BAA	Schedule D (For	m 990) 2013

Schedule D (Form 990) 2013 NEW JERSEY HEALTH OFFICERS ASSOCIATION  Part XIII: Supplemental Information (continued)	22-3291284	Page 5
Part XIII Supplemental Information (continued)		
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TEEA3305 07/01/13

Schedule **D** (Form 990) 2013

BAA

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer Identification number NEW JERSEY HEALTH OFFICERS ASSOCIATION 22-3291284 Pt VI, Line 11b A copy of Form 990 is retained by the Association's Executive Board. The By Laws of the New Jersey Health Officers Association can be found at www.njhoa.org. Pt VI, Line 6 The Organization's members elect the officers on an annual basis. Pt VI, Line 7a The Organization's members elect the officers on an annual basis Pt VI, Line 7b The Organization's members approve board decisions. Pt VI, Line 19 Documents are available on the Organization's website and by request.

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

All other corporations (including 1120-C filers), partnerships, REMIC\$, and trusts must use Form 7004 to request an extension of time to file income lax returns	Electronic corporation request an Associated	mplete Part II unless you have already been grant filing (e-file). You can electronically file Form 886t required to file Form 990-T), or an additional (not a extension of time to file any of the forms listed in Pawith Certain Personal Benefit Contracts, which multing of this form, visit www irs gov/efile and click on	B if you need automatic) 3- art I or Part II ist be sent to	a 3-month automatic extension of time to fil month extension of time. You can electronic with the exception of Form 8870, Information the IRS in paper format (see instructions)	le (6 months for a cally file Form 8868 to on Return for Transfe	ers
A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part Lonly All other corporations (including 1120-C filers), partnerships, REMIC\$, and trusts must use Form 7004 to request an extension of time to file microne (ax returns) Name of exempt organization or check filer, see instructions	Part I	Automatic 3-Month Extension of Tim	e. Only su	bmit original (no copies needed).		
All other corporations (including 1120-C filers), partnerships, REMIC\$, and trusts must use Form 7004 to request an extension of time to file microtife for returns Name of Section 1226	A corporation				ete Part I only	▶ [
Name of seempt organization or other filer, see instructions Employer identification number (EIN) or print	All other co income tax	rporations (including 1120-C filers), partnerships, R returns	EMIC\$, and			
NEW JERSEY HEALTH OFFICERS ASSOCIATION 22-3291284 Number, street, and recent or state number if a P O box, see instructions Social sectionity number (SSN) P_O_Box 1225 On, term or per offses, make, and ZIP code For a foreign address, see instructions Spart a		Name of exempt organization or other filer, see instructions		Litter mer 5 identi		
Social security number (SSN) Social security number (SSN) Social security number (SSN)				•••		
List date for large your return Spart a City, town or post effice, state, and ZIP code. For a foreign address, see instructions. Spart a NJ 07871 Inter the Return code for the return that this application is for (file a separate application for each return). Spart a NJ 07871 Inter the Return code for the return that this application is for (file a separate application for each return). Spart a NJ 07871 Spart a NJ 07871 Return Code Spart a Return Code for the return that this application is for (file a separate application for each return). Spart a NJ 07871 Return Code Return Code Return Code Return C				<u>ON</u>		CA/I
P.O. BOX 1226 Sparta P.O. BOX 1226			aucuons		Social security number (S	isn)
Spart Spar	ling your		se see legitude		<u> </u>	<u></u>
pplication For Code Septrate application for each return). Return Code Return Cod			ies, eco man uco c	nia	_	
pplication Return Code Is For Return R		Sparta			NJ 0787	1
if or Code Is for Code	inter the Re	eturn code for the return that this application is for (f	ile a separate	e application for each return)		01
orm 990-BL 02 Form 1041-A 08 orm 4720 (individual) 03 Form 4720 (other than individual) 09 orm 990-PF 04 Form 5227 10 orm 990-T (section 401(a) or 408(a) trust) 05 Form 6069 11 orm 990-T (frust other than above) 06 Form 8870 12 Telephone No ► (973) 579-0370 Fax No ► or If the organization does not have an office or place of business in the United States, check this box. If this is for the whole group, check this box . ► If it is for part of the group, check this box . ► If and attach a list with the names and EINs of all members the extension is for 1 Frequest an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Aug 15 2 20 14 to file the exempt organization return for the organization named above. The extension is for the organization's return for. ► X calendar year 20 13 or ► Lax year entered in line 1 is for less than 12 months, check reason: Initial return That is application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions. C Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using						
orm 4720 (individual) orm 990-PF 04 Form 5227 10 orm 990-T (section 401(a) or 408(a) trust) orm 990-T (section 401(a) or 408(a) trust) orm 990-T (trust other than above) orm 8870 form 990-T (strust other than above) orm 990-T (section 401(a) or 408(a) trust) for the organization does not have an office or place of business in the United States, check this box. orm 990-T (strust other than above) form 990-T (strust other than above) form 990-T (strust other than above) form 8870 form 990-T (strust other than individual) for the organization does not have an office or place of business in the United States, check this box. orm 990-T (strust other than above) form 990-T (strust other than above) for the organization of the whole group, check this box. orm 990-T (strust other than above) for the organization of time until the names and ElNs of all members the extension of time until Aug. 15	orm 990 or	Form 990-EZ	01	Form 990-T (corporation)		07
orm 990-PF Orm 990-PF Orm 990-T (section 401(a) or 408(a) trust) Of Form 6069 11 Orm 990-T (trust other than above) Of Form 8870 12 The books are in the care of ▶ Organization Telephone No ▶ (973) 579-0370 Fax No ▶ If the organization does not have an office or place of business in the United States, check this box. If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization for open check this box. If the extension is for If request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until ∆uq 1520 1410 file the exempt organization return for the organization named above. The extension is for the organization's return for. ► X calendar year 20 13 or ■ Lax year beginning20 _ , and ending20 If the tax year entered in line 1 is for less than 12 months, check reason:	orm 990-BL	•	02	Form 1041-A		08
orm 990-T (section 401(a) or 408(a) trust) orm 990-T (trust other than above) of Form 8870 12 Telephone No	orm 4720 (ı	ndıvıdual)	03	Form 4720 (other than individual)		09
Telephone No \(\frac{1973}{973} \) \(\frac{579-0370}{579-0370} \) Fax No \(\) If the organization does not have an office or place of business in the United States, check this box. \(\) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \(\) If this is for the whole group, check this box. \(\) If it is for part of the group, check this box. \(\) If request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until \(\frac{Aug}{Aug} \) \(\frac{15}{2} \) \(\) \(20 \) \(\frac{1}{4} \) \(\) to file the exempt organization return for the organization named above. The extension is for the organization's return for. X calendar year 20 \(\frac{13}{2} \) or If the tax year entered in line 1 is for less than 12 months, check reason: \(\) If the tax year entered in line 1 is for less than 12 months, check reason: \(\) If this is application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits see instructions. \(\) B If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated lax payments made include any pnor year overpayment allowed as a credit \(\) C Balance due. Subtract line 3b from line 3a include your payment with this form, if required, by using	orm 990-PF		04	Form 5227		10
The books are in the care of Porganization Telephone No P(973) 579-0370 Fax No Point the organization does not have an office or place of business in the United States, check this box. Point this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box. Point if it is for part of the group, check this box. Point if it is for part of the group, check this box. Point if it is for part of the group, check this box. Point if it is for part of the group, check this box. Point if it is for part of the group, check this box. Point if it is for the whole group, check this box. Point if it is for the whole group, check this box. Point if it is for the whole group, check this box. Point if it is with the names and EINs of all members the extension is for for a corporation required to file Form 990-T) extension of time until Point is for the organization return for the organization named above. The extension is for the organization's return for. The extension is for forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions. The extension is for forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions. The extension is for forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit. The extension is for forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit.	orm 990-T (section 401(a) or 408(a) trust)	05	Form 6069		11
Telephone No 1973 579-0370 Fax No If the organization does not have an office or place of business in the United States, check this box. If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box. If this is for part of the group, check this box. If this is for the whole group, check this box. If this is for part of the group, check this box. If this is for the whole group, c	orm 990-T (trust other than above)	06	Form 8870		12
If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period In lift this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	Telephon If the orga If this is for check this the extension I I requesion until A The extension X X X X X X X X X	e No \(\) (973) 579-0370 anization does not have an office or place of busine or a Group Return, enter the organization's four digits box. \(\) \(\) \(\) If it is for part of the group, chesion is for stan automatic 3-month (6 months for a corporation, and \(\) \(Fax No ss in the Unit Group Exer ck this box. required to itzation return	ted States, check this box Inption Number (GEN) If the names and attach a list with the names file Form 990-T) extension of time for the organization named above.	ns is for the whole gr	oup,
nonrefundable credits See instructions	_	-	heck reason	Initial return Final	return	
tax payments made Include any prior year overpayment allowed as a credit	a If this ap nonrefur	plication is for Forms 990-BL, 990-PF, 990-T, 4720 dable credits. See instructions	, or 6069, en	ter the tentative tax, less any	3 a \$	0,
	tax paym	nents made. Include any prior year overpayment all	owed as a cr	edit	3 b \$	0.
	c Balance EFTPS (due, Subtract line 3b from line 3a Include your pa Electronic Federal Tax Payment System) See instr	yment with thructions	als form, If required, by using	3 c \$	0.

	8 (Rev 1-2014) NEW JERSEY HEAL'				291284	Page 2
	are filing for an Additional (Not Automatic) 3-					• 🔻
	y complete Part II if you have already been grain			filed Form 88	68	
	are filing for an Automatic 3-Month Extension					
Part'll	Additional (Not Automatic) 3-Mo	nth Extension	of Time. Only file the origin	al (no copi	es needed)	
			Enter filer	's identifyin	g number, se	e instructions
	Name of exempt organization or other filer, see instructions			Employer id	entification number	(EIN) or
ype or						
rint	NEW JERSEY HEALTH OFFICERS	ASSOCIATIO	N	22-329	1284	
N - LL.	Number, street, and room or suite number if a P.O box, se	e instructions		Social secur	ity number (SSN)	
ile by the				}		
ue date for ing your	P.O. Box 1226					
structions	City, town or post office, state, and ZIP code. For a foreign a	address, see instructions	3			
	Sparta	иј 0	7871			
inter the F	Return code for the return that this application is	for (file a separat	e application for each return)			01
pplicatio	n	Return	Application			Return
For		Code	is For			Code
	or Form 990-EZ	01	"是是国际的基本工程,但是	State of the state of the	等於"為於,等為	以智藝在多
orm 990-1	BL	02	Form 1041-A			08
	(individual)	03	Form 4720 (other than individual)			09
orm 990-f		04	Form 5227			10
	(section 401(a) or 408(a) trust)	05	Form 6069			11
orm 990-1	(trust other than above)	06	Form 8870			12
If this is hole group	ganization does not have an office or place of to for a Group Return, enter the organization's for check this box If it is for part of the extension is for	ousiness in the Un ur digit Group Exe the group, check ti	mption Number (GEN)		. If this	is for the
4 I requ	est an additional 3-month extension of time unt	l Nov 17	, 20 <u>1</u> 4.			
5 For ca	elendar year 2013 , or other tax year begin	nning	, 20 , and ending		,20	
	ax year entered in line 5 is for less than 12 mor			Final re		
-	hange in accounting period	,		L		
	In detail why you need the extension Ad	ditional ti	me is required to			
	ner the information to accur					
350	er rue autormenten re freekr	77577	FG. 5 TG. 6 TTG 6 ATT. 7 T T T T			
3 a If this	application is for Forms 990-BL, 990-PF, 990-T undable credits. See instructions	, 4720, or 6069, e	nter the tentative tax, less any	8a	\$	0.
tax pa	application is for Forms 990-PF, 990-T, 4720, o yments made. Include any prior year overpaym usly with Form 8868	ent allowed as a c	redit and any amount paid	(q	0.
	ce due. Subtract line 8b from line 8a. Include yo 5 (Electronic Federal Tax Payment System). Se				 	0.
			t be completed for Part II o		1'	<u></u>
er penalties (ect, and com	of perjuty a declare that I have examined this form including a plete, and that I am authorized in prepara this form.	ccompanying schedules	and statements, and to the best of my knowled	ge and belief, it is	true.	
ature 🕨	At 18the TIME	ΓI	art .		ato . 8-1	11-14
AA		FIFZ0502 1	2/31/13		Form 8868 (R	Rev 1-2014)