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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

2013

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Open to Public
Inspection

A For the 2013 calendar year, or tax year beginning _____, 2013, and ending _____

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NEW JERSEY SECOND AMENDMENT SOCIETY		D Employer identification number 27-3286178
	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		E Telephone number (609) 848-0507
	P.O. BOX 432		F Group Exemption Number ▶
	City or town, state or province, country, and ZIP or foreign postal code WEST ORANGE NJ 07052		

G Accounting Method: Cash Accrual Other (specify) _____

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

I Website: ▶ N/A

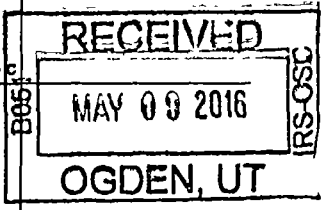
J Tax-exempt status (check only one) — 501(c)(3) 501(c)(4) ◀(insert no) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 140,619.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

1	Contributions, gifts, grants, and similar amounts received	1	
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	140,619.
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less: cost or other basis and sales expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Gaming and fundraising events		
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
6b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
6c	Less: direct expenses from gaming and fundraising events	6c	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
7a	Gross sales of inventory, less returns and allowances	7a	
7b	Less: cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	140,619.
10	Grants and similar amounts paid (list in Schedule O)	10	
11	Benefits paid to or for members	11	1,977.
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	14,930.
14	Occupancy, rent, utilities, and maintenance	14	7,295.
15	Printing, publications, postage, and shipping	15	8,579.
16	Other expenses (describe in Schedule O) See Form 990-EZ, Part I, Line 16 Other Expenses	16	93,201.
17	Total expenses. Add lines 10 through 16 ▶	17	125,982.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	14,637.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	9,535.
20	Other changes in net assets or fund balances (explain in Schedule O)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	24,172.



BAA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2013)

SCANNED JUN 21 2016 DATE MAY 23 2016

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 33 through 41 regarding organizational activities, financials, and state filings.

42 a The organization's books are in care of ALEXANDER ROUBIAN Telephone no. (609) 848-0507 Located at P.O. BOX 432 WEST ORANGE NJ ZIP + 4 07052

Table for questions 42 b and 42 c regarding foreign financial accounts and offices. Includes checkboxes for Yes and No.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

Table for questions 44 a through 45 b regarding donor advised funds, hospital facilities, tanning services, and controlled entities.

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

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II. Yes No
47 X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 48 X

49 a Did the organization make any transfers to an exempt non-charitable related organization? 49 a

b If 'Yes,' was the related organization a section 527 organization? 49 b X

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

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

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

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

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

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

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Yes No

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

Sign Here
 Signature of officer: *[Signature]* Date: *05/04/2016*
 Type of print name and title: *Alexander Roubian President*

Paid Preparer Use Only
 Print/Type preparer's name: GEORGE E D'ALOIA
 Preparer's signature: *[Signature]* Date: 09/16/15
 Firm's name: GEORGE E D'ALOIA CPA
 Firm's address: 2204 MORRIS AVE., SUITE 202 UNION NJ 07083
 Check if self-employed PTIN: P01207102
 Firm's EIN: 20-3862924
 Phone no.: (908) 687-7503

May the IRS discuss this return with the preparer shown above? See instructions. Yes No

