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Form 990

Return of Organization Exempt From Income Tax

2014

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

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

Open to Public Inspection

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	Check if a			_	EMERGENCY PR	EPAREUNESS	S ASSN				⊣ '	D Employer identification no.		
╚	Address c	hange	Doing busing	ness as							_	01-0562775		
╚	Name cha	inge	Number an	d street (or P O	box if mail is not delivered	to street address)			Room/s	uite	6	E Telepho	one number	
LJ	Initial retui	m	POB	OX 962						<u> </u>		(609)	548-8357	
	Final retur	n/terminated	City or town	n, state or provin	ce, country, and ZIP or fo	reign postal code						:	234,839	
	Amended	return	Mays	Landing,	NJ 08330							G Gross r	eceipts\$	
	Application	n pending	F Name and	address of pnnc	pal officer							_		
									H(a)	is this a gr subordinat		um for	Yes X No	
	Tax-exem.	pt status X	501(c)(3)	501(c)() 《 (insert no)	4947(a)(1) or	☐ 5:	27	Н(b)	Are all sub	ordinate	es included	7 Yes No	
	Website:		njepa.			<u> </u>			H(c)	if "No	," attacl	halist (se	e instructions)	
			Corporation		Association Other	•		Year of formation 2	2002	T		l domicile	NJ	
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₹	5	Total numbe	r of individua	als employed	l ın calendar year 20	14 (Part V, line	2a)				5	-	0	
Ą	6	Total numbe	r of voluntee	ers (estimate	if necessary)			<i></i>			6	ļ		
-	7a	Total unrelat	ed business	revenue froi	m Part VIII, column (C), line 12 .					7a		0	
	b	Net unrelate	d business t	axable incon	ne from Form 990-T,	line 34					7b		0	
									F	Prior Year		C	urrent Year	
	8	Contributions	s and grants	(Part VIII, lir	ne 1h)			[127	,169	•	98,375	
9	9	Program ser	vice revenue	e (Part VIII, II	ne 2g)		,523	3	136,256					
Revenue	10	-		•	(A), lines 3, 4, and			i-			427	1	166	
∵ &	11		<u>-</u>		Junes 13, 16d, 8c, 9¢,	•		-				<u> </u>	42	
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No.			•	•	column-(D), line-25)							!		
<u>`</u> _∆Ω		•	•	` .	lines 11a-11d, 11f-	•			-		,452	+	228,399	
ა ე	18	•			ist equal Part IX, col	• •	•				,452	+	228,399	
<u> </u>	19	Revenue les	s expenses	Subtract lin	e 18 from line 12 .					18	,667	<u>'</u>	6,440	
Net Assets or	8							ļ	Beginnin	g of Current	Year	E	End of Year	
Set	20	Total assets	(Part X, line	16)				[213	,600)	220,040	
Ş.	21	Total liabilité	es (Part X, lir	ne 26)				<i>.</i> [0	
نْڭ	22	Net assets of	r fund balan	ices. Subtra	ct line 21 from line 2	0				213	,600		220,040	
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rue,	correct, ar	na complete Dec	laration of prepa	arer (other than o	officer) is based on all info	mation of which pri	eparer has a	iny knowledge				- [(•	
		La Ka	40									5/12,	172	
Sig	ın	Signatu	re of officer								Date	,		
He	re	Ra	bert B	. Krau	Tracs	.(1)								
		Type or	pnnt name and	title	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
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Pai	id	NEAL C			r reparer s signature	· C		05-04-2015					56110	
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				<u></u>	shown above? (see			 		· · · · · ·		<u> </u>	Yes 🛚 No	
For	Paperv	vork Reducti	on Act Noti	ice. see the	separate instructio	ns.		_					Form 990 (2014)	

Briefly describe the organization indestate any significant program services during the year which were not listed on the prior Form 980 or 990-E2? 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 980 or 990-E2? If "Fos." describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Fos." describe these changes on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services in the organization are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 40 (Code:	Form 990 (2014) NJ EMERGENCY PREPAREDNESS ASSN	01-0562775 Page 2
Briefly describe the organization infliction. TRAINING AND EDUCATION RELATING TO EMERGENCY PREPAREDNESS AND RECOVERY 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 980 or 990-E2? 10 The organization cease conducting, or make significant changes in how 4 conducts, any program services? 11 Test describe these changes on Schedule O. 12 Describe the organization cease conducting, or make significant changes in how 4 conducts, any program services on Schedule O. 13 Describe the organization program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service propried. 44 (Code:) (Expenses \$		
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prior Form 990 or 990-E2?	TRAINING AND EDUCATION RELATING TO EMERGENCY PREPAR	EDNESS AND RECOVERY
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4e Total program service expenses > 199,494	4e Total program service expenses ▶ 199,494	

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
-	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-		
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
-				Х
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Λ_
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,	_		3.5
_	Part III	5		<u>X</u>
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		<u>X</u>
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		_X_
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 temporanly restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	1		
_	complete Schedule D, Part VI	11a	x	
b	-11		**	
~	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	110		
·	of the total area to the Dellay Land CONTROL III and the Oracle O. D. (1990)	11c		х
А		110		
u	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	44.3		v
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		$\frac{x}{x}$
_	• • • • • • • • • • • • • • • • • • • •	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	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		Х
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	<u> </u>		 -
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	- '		- Ar
. 3	If "Yes," complete Schedule G, Part III	40		Х
20-		19		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
<u>_</u> b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	لــــــــــــــــــــــــــــــــــــــ	L

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		.	3,7
	employees? If "Yes," complete Schedule J	23	<u> </u>	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			3.5
_	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	04-		
_	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		v
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
þ	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 pnor Forms 990 or 990-EZ?	256		х
20	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	26		Х
27	disqualified persons? If "Yes," complete Schedule L, Part II	20		
21	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,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1	х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		
-	Schedule L, Part IV	28b	lli	х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
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 301.7701-2 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, Part II, III,	-		
	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ь	If "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		X
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		X
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	X	
CCA		Earm	aan /	20171

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check of Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			·
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_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	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		_X_
þ	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	ı		
	(FBAR).	ŧ		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	- 1		
	organization solicit any contributions that were not tax deductible as chantable contributions?	6a		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	1		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	ŧ		
	and services provided to the payor?	7a		<u>X</u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			••
	required to file Form 8282?	-7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_ #		77
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	·	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	١		
0	sponsoring organization have excess business holdings at any time during the year?	5		
9	Sponsoring organizations maintaining donor advised funds.	ا _		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	שני ו	·	
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	I		
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:	1		
a	Gross income from members or shareholders	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.			
b	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	. 1	٠.	
С	Enter the amount of reserves on hand	`.	ζ, 1	,
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Pai	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "	No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			
	. Check if Schedule O contains a response or note to any line in this Part VI	. .		. 🛚
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar	1		
	committee, explain in Schedule O.	1		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 20	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	İ		
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	ļ		
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Χ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	1		
	the year by the following:	1		
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	401		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		37
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b 125	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40.	v	
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
C	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b	^	
·		120	х	
13		12c	^	Х
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
. •	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	I		
а	The organization's CEO, Executive Director, or top management official	15a	ĺ	Х
b	Other officers or key employees of the organization	15b		X
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1		
	with a taxable entity during the year?	16a	Ì	х
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NJ			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website W Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
	menois success available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			

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Page 7

		· - · · - · · · ·	, -
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	Employees, a	nd
	Independent Contractors		

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor	any related organization	n com	pens	ated	any	curre	nt o	fficer, director, or tr	ustee.	
				((C)					
(A)	(B)	Position						(D)	(E)	(F)
Name and Title	Average		officer and a director/trustee) CC				Reportable	Reportable	Estimated	
	hours per						compensation	compensation from	amount of	
	week (list any hours for						from the	related organizations	other compensation	
	related	우ᅙ				Į,	organization	(W-2/1099-MISC)	from the	
	organizations	l me de	Institutional trust	cer	Key employee	hest	Former	(W-2/1099-MISC)		organization
	below dotted	<u>o</u> =	nai		ploy	8 COT				and related organizations
	,	Individual trustee or director	tag		96	pen				-
		"	8			Highest compensated employee				
						-				
(1) MICHAEL BAILEY	2.00									
PRESIDENT		Х		X				0	0	0_
(2) WILLIAM STEVENSON	2.00									
VICE PRESIDENT		X	<u>.</u>	X				0	0	0
(3) PATRICIA GOELZ	2.00									•
SECRETARY		X		X				0	0	0
(4) DAVID_BURGIN										
DIRECTOR		Х						0	0	0
(5) JEFFREY DORAN										
DIRECTOR		Х						0	0	0
(6) JOHN HAMILTON										
DIRECTOR		Х						0	0	0
(7) PAUL MALOOL										
DIRECTOR		X						0	0	0
(8) ANTHONY MANGERI										
DIRECTOR		Х						0	0	0
(9) TODD BIEBEL								,		
DIRECTOR		Х	<u> </u>					0	0	0
(10)MATTHEW STEINHAL										
DIRECTOR		Х						0	0	0
(11)MICHAEL WEBER										
DIRECTOR		Х						0	0	0
(12)MICHAEL WARD										
DIRECTOR		Х	L					о	o	0
(13)LAUREN DIGIOVANNI	10.00									
EXECUTIVE DIRECTOR		Х						1,250	o	0
(14)ED FORTE									_	
DIRECTOR		Х						o	o	0
EEA			•					<u> </u>	·-	Form 990 /2014

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Part VII	Section A. Officers, Directors, Trustees,	Key Employ	ees, a	nd l	High	est	Comp	ens	ated Employees (continued)			
,	(A) Name and title	(B) Average hours per week (list any	box, u	unless	a din	ore the	nan one both ar trustee)		(D) Reportable compensation from	(E) Reportable compensation from related		(F) stimated nount of other	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	f org an	ipensatio from the janization id related anization	n I
(15)ANTHO	NY HURLEY TOR		х						0	0			0
(16)BARRY		2.00	Х		х				0	0			0
(17)CARLO	S TORRES TOR		Х						0	0			0
(18)PHYLL DIREC	IS WORRELL TOR		Х						0	0			0
(19)KEVIN DIREC			Х						0	0			0
(20)NICHO DIREC	LAS SCALISE TOR		Х						0	0			0
(21)													
(22)													
(23)													
(24)													
(25)						ļ 							
c Tot	o-total	on A						>					
2 Tota	al (add lines 1b and 1c)								1,250 than \$100,000 of	0	1		0
rep	ortable compensation from the organization								<u></u>			Yes	No
	the organization list any former officer, director ployee on line 1a? If "Yes," complete Schedule J		•				-		pensated		3		Х
4 For	any individual listed on line 1a, is the sum of reparation and related organizations greater than	ortable com	pensat	on a	and (othe	r com	pens	ation from the				
ındı	vidual										4		Х
	any person listed on line 1a receive or accrue of services rendered to the organization? If "Yes,"	-		-			-		tion or individual		5		х
_	B. Independent Contractors					<u> </u>					1 -		
1 Cor	mplete this table for your five highest compensal inpensation from the organization. Report compe												
yea	(A)								(B)			(C)	
	Name and business address								Description of	3GIVIUS	com	pensation	<u>'</u>
-													
	al number of independent contractors (including eived more than \$100,000 of compensation from			iose •	liste	d at	oove)	who				;	•

Part VIII Statement of Revenue

		Check if Schedule O contains a respons	e or no	te to any line in th	ıs Part VIII			<u> L</u>
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
S S	1a	Federated campaigns	1a					
E a	ь	Membership dues	1b		1			
نَ ق	c	Fundraising events	1c		1 1			
if s	ď	Related organizations	1d		1 1			
ত_≅	e	Government grants (contributions)	1e		1	1		
Sir	f	All other contributions, gifts, grants,	16		{	1		
iž je	•	and similar amounts not included above	1f	98,375				
돌 <mark>호</mark>	_ ا	Noncash contributions included in lines 1a		30,375	1			
Contributions, Gifts, Grants and Other Similar Amounts	g				98,375			
<u> </u>	- "	Total. Add lines 1a-1f	• • •		90,3/3			
9		COMERDENCE THROWS		Business Code		125 255		
Program Service Revenue		CONFERENCE INCOME		900099	136,256	136,256		
88	b							
Š	C							
s r	a							
gran	e							
Po	l	All other program service revenue						
	g	Total. Add lines 2a-2f		<u> ▶ _</u>	136,256			
	3	Investment income (including dividends, int				i		
		and other similar amounts)			166	166		
	4	Income from investment of tax-exempt bone	•					
	5	Royalties	• • •	▶			,,	11 3
		(ı) Rea		(II) Personal				
		Gross rents			1			
	1	Less: rental expenses			1			
		Rental income or (loss)]				
	ď	Net rental income or (loss)	.			***************************************		
	7a	Gross amount from sales of (i) Secunt	es	(II) Other				
		assets other than inventory]			
	b	Less. cost or other basis						
		and sales expenses						
		Gain or (loss)						
_	d	Net gain or (loss)		▶				
enne	8a	Gross income from fundraising						
		events (not including \$						
Ř	ŀ	of contributions reported on line 1c).						
Other Rev		See Part IV, line 18	. а]			
ō	b	Less: direct expenses	. b]			
	C	Net income or (loss) from fundraising event	s.	<u>></u>	1			
	9a	Gross income from gaming activities.						
	ļ	See Part IV, line 19	. а					
	b	Less: direct expenses	. b]			
	С	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less						
		returns and allowances	. а					
	Ь	Less: cost of goods sold	. b]			•
	С	Net income or (loss) from sales of inventory	<i>,</i>]			
		Miscellaneous Revenue		Business Code	İ			
	11a	OTHER INCOME		900099	42	42		
	ь							
	С							
	d	All other revenue						
	e	Total. Add lines 11a-11d	'		42			•
	12	Total revenue. See instructions			234,839	136,464	0	0

Part IX Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must complete all co		zations must complete	column (A)	
	. Check if Schedule O contains a response or note to ar	ny line in this Part IX			<u></u>
Do n	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	b, and 10b of Part VIII.	· · · · · · · · · · · · · · · · · · ·	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16			5	1/11/1/1
4	Benefits paid to or for members	-			
5	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 salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)			<u> </u>	
9	Other employee benefits				
10	Payroll taxes				<u> </u>
11	Fees for services (non-employees).				
a	Management				
Ь	Legal				
C	Accounting	2,295	,	2,295	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column		į		
12	(A) amount, list line 11g expenses on Schedule O.) Advertising and promotion				
13	Office expenses	832		022	
14	Information technology	538		832 538	
15	Royaltes				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				·
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	189,529	189,529		
20	Interest	207,323	207,327		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,531		2,531	
23	Insurance	1,840	1,840		
24	Other expenses. Itemize expenses not covered	-			
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	ADMINISTRATIVE FEES	16,250	8,125	8,125	
b	STORAGE EXPENSES	4,914		4,914	
С	BANK AND CREDIT CARD CHARGES	6,586		6,586	
đ	TELEPHONE	991		991	
8	All other expenses	2,093		2,093	
25	Total functional expenses. Add lines 1 through 24e .	228,399	199,494	28,905	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)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash - non-interest-bearing 10,009 1 41,935 2 191,882 2 168,920 3 3 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L $\ldots \ldots \ldots \ldots \ldots \ldots$ 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Assets 8 Prepaid expenses and deferred charges 1,315 9 1,322 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | 24,652 Less: accumulated depreciation 10b 16,789 10,394 10c 7,863 11 Investments - publicly traded secuntes 11 Investments - other securities. See Part IV, line 11 12 12 13 13 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 213,600 16 220,040 17 17 18 18 19 19 20 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, iabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 0 0 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗓 and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 213,600 27 220,040 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 33 220,040

213,600

213,600

34

	990 (2014) NJ EMERGENCY PREPAREDNESS ASSN	01-056	2775	5	P	age 1
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	· · ·		<u></u>	<u>. 🛮 </u>
1	Total revenue (must equal Part VIII, column (A), line 12)				234,	
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		2	228,	399
3	Revenue less expenses. Subtract line 2 from line 1	. 3			6,	440
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4		2	213,0	600
5	Net unrealized gains (losses) on investments	. 5				
6	Donated services and use of facilities	. 6				
7	Investment expenses	. 7				
8	Prior period adjustments	. 8				
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	. 10		2	220,	040
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					. 🗆
					Yes	No
1	Accounting method used to prepare the Form 990 🖾 Cash 🗌 Accrual 🗍 Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			1		
	Schedule O.			1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		Γ			
	reviewed on a separate basis, consolidated basis, or both			-		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			1		
b	Were the organization's financial statements audited by an independent accountant?		[2b	Х	Ì
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both			1		
					į	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			1		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		[2c	Х	

Х

3a

3b

Form 990 (2014)

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Schedule O.

EEA

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

2014

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

ante	or use	or gariizauori					Employer identific	auon number	
IJ	EME	rgency preparedness assn	Ī				01-05627	75	
Pa	rt I	Reason for Public Charit	y Status (All o	rganizations must o	omplete	this par	t.) See instructio	ns.	
Γhe	orga	nization is not a private foundation bec	ause it is: (For line	s 1 through 11, check onl	y one box.)			
1		A church, convention of churches, or							
2		A school described in section 170(b)	(1)(A)(ii). (Attach S	Schedule E.)					
3		A hospital or a cooperative hospital se			0(b)(1)(A)(iii).			
4	$\overline{\Box}$	A medical research organization oper	-			•)(A)(iii). Enter the		
		hospital's name, city, and state:	•	·					
5		An organization operated for the bene	efit of a college or u	iniversity owned or opera	ted by a go	vernment	al unit described in		
		section 170(b)(1)(A)(iv). (Complete I	_	,	, ,				
6		A federal, state, or local government	•	nit described in section 1	70(b)(1)(A)(v).			
7		An organization that normally receive	-				m the general public		
		described in section 170(b)(1)(A)(vi)		• • • • • • • • • • • • • • • • • • • •					
8		A community trust described in section	•						
9	X	An organization that normally receive			contributio	ns, memb	ership fees, and gros	s	
		receipts from activities related to its e		• •					
		support from gross investment incom							
		acquired by the organization after Jur	ne 30, 1975. See s e	ection 509(a)(2). (Compl	ete Part III	.)			
0		An organization organized and operation	ted exclusively to to	est for public safety. See	section 50)9(a)(4).			
11		An organization organized and operat	ted exclusively for	the benefit of, to perform	the functio	ns of, or to	carry out the purpos	es of	
		one or more publicly supported organ	izations described	in section 509(a)(1) or s	ection 509)(a)(2) . Se	e section 509(a)(3).	Check	
		the box in lines 11a through 11d that	describes the type	of supporting organizatio	n and com	plete lines	11e, 11f, and 11g.		
	а	☐ Type I. A supporting organization	operated, supervi	sed, or controlled by its s	upported o	rganizatio	n(s), typically by givin	g	
		the supported organization(s) the	power to regularly	appoint or elect a majori	ty of the di	ectors or	trustees of the suppor	rtıng	
		organization. You must complet	e Part IV, Section	s A and B.					
	b	☐ Type II. A supporting organization	n supervised or co	ntrolled in connection with	n its suppo	rted organ	zation(s), by having		
		control or management of the sup	oporting organization	on vested in the same per	rsons that	control or i	manage the supported	d	
		organization(s). You must comp	lete Part IV, Secti	ons A and C.					
	С	☐ Type III functionally integrated.	. A supporting orga	nization operated in conn	ection with	, and fund	tionally integrated wit	h,	
		its supported organization(s) (see	e instructions). You	ı must complete Part IV	, Sections	A, D, and	I E.		
	d	Type III non-functionally integra	ated. A supporting	organization operated in	connection	n with its s	upported organization	n(s)	
		that is not functionally integrated.	The organization of	generally must satisfy a d	istribution i	requireme	nt and an attentivenes	ss	
		requirement (see instructions) Ye	ou must complete	Part IV, Sections A and	d D, and P	art V.			
	е	Check this box if the organization	received a written	determination from the II	RS that it is	a Type I,	Type II, Type III		
		functionally integrated, or Type III	I non-functionally in	ntegrated supporting orga	nızation.				
	f	Enter the number of supported organi	zations						
	g	Provide the following information about	ut the supported or	ganization(s)	1	.		·	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) is the o	•	(v) Amount of monetary	(vi) Amou	
				(described on lines 1-9 above or IRC section	docum	ir governing ient?	support (see instructions)	other suppo	
				(see instructions))			ļ ·		•
					Yes	No			
(A)									
B)									
(C)			ļ						
D)						[
									-
E)									
					<u> </u>	ļ			
Γot:	. 1		,	1.	! "				

NJ EMERGENCY PREPAREDNESS ASSN Schedule A (Form 990 or 990-EZ) 2014 01-0562775 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2010 (c) 2012 (d) 2013 (b) 2011 (e) 2014 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 . . Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total Amounts from line 4 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar Net income from unrelated business activities, whether or not the business is regularly carned on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage from 2013 Schedule A, Part II, line 14 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported П

10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
	If the organization fails to qualify under the tests listed below, please complete Part II.)
Section A.	Public Support

36	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	74,300	97,500	91,000	127,169	98,375	488,344
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	171,069	124,777	122,061	138,823		693,106
3	Gross receipts from activities that are not an unrelated trade or bus under sec 513	2.2,005	222,,,,		130,023	2307370	0,3,7,200
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	245,369	222,277	213,061	265,992	234,751	1,181,450
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons		:				
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b		,				
8	Public support (Subtract line 7c from line 6)						1,181,450
Se	ction B. Total Support				T		
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	245,369	222,277	213,061	265,992	234,751	1,181,450
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	617	508	361	427	166	2,079
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	617	508	361	427	166	2,079
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)	245,986	222,785	213,422	266,419	234,917	1,183,529
14	First five years. If the Form 990 is for the organization, check this box and stop here	-			, , ,		▶ 🛘
Se	ction C. Computation of Public Su	ipport Percen	tage				
15	Public support percentage for 2014 (line 8, co		• • •			15	99.82 %
16	Public support percentage from 2013 Schedu			<u> </u>		16	100.00 %
	ction D. Computation of Investme			(0)			
17 18	Investment income percentage for 2014 (line Investment income percentage from 2013 Sc	= =	-	ımn (t))		17	0.00 %
	·				'		0.26 %
139	17 is not more than 33 1/3%, check this box						▶ 🏻
b	33 1/3% support tests - 2013. If the organizatine 18 is not more than 33 1/3%, check this l	oox and stop here.	The organization of	ualifies as a public	cly supported organ		▶ □
20	Private foundation. If the organization did no	ot check a box on li	ne 14, 19a, or 19b,	check this box an	d see instructions		► []
FFA							

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047

2014

Open to Public Inspection Employer identification number

NJ	EMERGENCY PREPAREDNESS ASSN	01-0562775
Par	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Account	nts.
E	Complete if the organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(b) Furius and other accounts
2	Aggregate value of contributions to (during year) .	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	П., П.,
_	funds are the organization's property, subject to the organization's exclusive legal control?	Yes 📙 No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
-	conferring impermissible private benefit?	Yes No
Par	······································	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	mportant land area
	Protection of natural habitat Preservation of a certified his	toric structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution contribution in the form of a conservation contribution contributi	ervation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	ation during the
	tax year ▶	Ť
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
_	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the	
•	b	,
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	
•	▶\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)	(Λ)
0		
9		<u> </u>
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statements that organization and include, if applicable, the text of the footnote to the organization's financial statements that organization is a statement of the footnote to the organization.	
		describes the
Da	organization's accounting for conservation easements. † III Organizations Maintaining Collections of Art, Historical Treasures, or Other	or Similar Assats
Fai	<u></u>	iei Siiiliai Assets.
4.	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furt	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
Ь	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and bal	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furt	herance of
	public service, provide the following amounts relating to these items:	
	(i) Revenue included in Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p	rovide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included in Form 990, Part VIII, line 1	▶ \$
b	Assets included in Form 990, Part X	> \$

d

Equipment

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

7,863

7,863

16,789

24,652

01-0562775

•	(a) Description of security or category	ed "Yes" to Form 990, P	(c) Method of valuation
•	(including name of security)	(b) book value	Cost or end-of-year market value
l) Financial o	denvatives		
) Closely-he	eld equity interests		
) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			· - · · · · · · · · · · · · · · · · · ·
(H)			
) must equal Form 990, Part X, col (B) line 12)		
art VIII	Investments - Program Related.	<u> </u>	<u> </u>
		ed "Yes" to Form 990 P	art IV, line 11c. See Form 990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation
(4)			Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)	41		
(9)			
			Pr Company of the Com
) must equal Form 990, Part X, col (B) line 13)	l	
otal. (Column (b	Other Assets.	<u>. </u>	
	Other Assets.	d "Yes" to Form 990, P	art IV, line 11d. See Form 990, Part X, line 15.
	Other Assets. Complete if the organization answere	ed "Yes" to Form 990, Po	
Part IX	Other Assets. Complete if the organization answere		art IV, line 11d. See Form 990, Part X, line 15.
Part IX	Other Assets. Complete if the organization answere		
(1) (2)	Other Assets. Complete if the organization answere		
(1) (2) (3)	Other Assets. Complete if the organization answere		
(1) (2) (3) (4)	Other Assets. Complete if the organization answere		
(1) (2) (3) (4) (5)	Other Assets. Complete if the organization answere		
(1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answere		
(1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answere		
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answere		
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answere (a) I	Description	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answere (a) I	Description	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answere (a) I	Description	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answere (a) I (b) must equal Form 990, Part X, col. (B) line 15 Other Liabilities.	Description	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answere (a) I (b) must equal Form 990, Part X, col. (B) line 15 Other Liabilities.	Description	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization answere (a) I In (b) must equal Form 990, Part X, col. (B) line 15 Other Liabilities. Complete if the organization answere line 25.	ed "Yes" to Form 990, Par	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column Part X	Other Assets. Complete if the organization answere (a) I In (b) must equal Form 990, Part X, col. (B) line 15. Other Liabilities. Complete if the organization answere line 25. (a) Description of liability	Description	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Colum Part X)	Other Assets. Complete if the organization answere (a) I In (b) must equal Form 990, Part X, col. (B) line 15 Other Liabilities. Complete if the organization answere line 25.	ed "Yes" to Form 990, Par	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Colum Part X) (1) Federal (2)	Other Assets. Complete if the organization answere (a) I In (b) must equal Form 990, Part X, col. (B) line 15. Other Liabilities. Complete if the organization answere line 25. (a) Description of liability	ed "Yes" to Form 990, Par	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum Part X (1) Federal (2) (3)	Other Assets. Complete if the organization answere (a) I In (b) must equal Form 990, Part X, col. (B) line 15. Other Liabilities. Complete if the organization answere line 25. (a) Description of liability	ed "Yes" to Form 990, Par	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum Part X (1) Federal (2) (3) (4)	Other Assets. Complete if the organization answere (a) I In (b) must equal Form 990, Part X, col. (B) line 15. Other Liabilities. Complete if the organization answere line 25. (a) Description of liability	ed "Yes" to Form 990, Par	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum Part X (1) Federal (2) (3) (4) (5)	Other Assets. Complete if the organization answere (a) I In (b) must equal Form 990, Part X, col. (B) line 15. Other Liabilities. Complete if the organization answere line 25. (a) Description of liability	ed "Yes" to Form 990, Par	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column Part X (1) Federal (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answere (a) I In (b) must equal Form 990, Part X, col. (B) line 15. Other Liabilities. Complete if the organization answere line 25. (a) Description of liability	ed "Yes" to Form 990, Par	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column Part X (1) Federal (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answere (a) I In (b) must equal Form 990, Part X, col. (B) line 15. Other Liabilities. Complete if the organization answere line 25. (a) Description of liability	ed "Yes" to Form 990, Par	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X (1) Federal (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answere (a) I In (b) must equal Form 990, Part X, col. (B) line 15. Other Liabilities. Complete if the organization answere line 25. (a) Description of liability	ed "Yes" to Form 990, Par	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X (1) Federal (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answere (a) I In (b) must equal Form 990, Part X, col. (B) line 15. Other Liabilities. Complete if the organization answere line 25. (a) Description of liability	ed "Yes" to Form 990, Par	(b) Book value

01-0562775

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements	234,839
Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments	234,039
a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of pnor year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 2a 2a 2b 2c 2d 2d 2e	
b Donated services and use of facilities	
c Recoveries of pnor year grants 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e	
d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e	
e Add lines 2a through 2d	
 	
	234,839
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	234,633
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	234,839
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.	
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	
1 Total expenses and losses per audited financial statements	228,399
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	
b Pnor year adjustments	
c Other losses	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	
3 Subtract line 2e from line 1	228,399
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	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	228,399
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 20 and 46, and Part XII, lines 20 and 46. Also complete this part to provide any additional information.	
2, Part XI, lines 2d and 46, and Part XII, lines 2d and 46. Also complete this part to provide any additional information.	
z, Part XI, lines 2d and 46, and Part XII, lines 2d and 46. Also complete this part to provide any additional information.	
2, Part XI, lines 2d and 46, and Part XII, lines 2d and 46. Also complete this part to provide any additional information.	
2, Part XI, lines 2d and 46, and Part XII, lines 2d and 46. Also complete this part to provide any additional information.	
2, Part XI, lines 20 and 4b, and Part XII, lines 20 and 4o. Also complete this part to provide any additional information.	
2, Part AI, lines 2d and 4b, and Part AII, lines 2d and 4b. Also complete this part to provide any additional information.	
2, Part XI, lines 2d and 46, and Part XII, lines 2d and 46. Also complete this part to provide any additional information.	
2, Part XI, lines 20 and 4b, and Part XII, lines 20 and 4b. Also complete this part to provide any additional information.	
2, Part A1, lines 2d and 4b, and Part A1, lines 2d and 4b. Also complete this part to provide any additional information.	
2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	
2. Part XI, lines 20 and 46, and Part XII, lines 20 and 46. Also complete this part to provide any additional information.	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

NJ EMERGENCY PREPAREDNESS ASSN 01-0562775 01. Form 990 governing body review (Part VI, line 11) OFFICERS AND EXECUTIVE DIRECTOR REVIEW FORM 990. 02. Conflict of interest policy compliance (Part VI, line 12c) OFFICERS, EXECUTIVE DIRECTOR, AND BOARD MEMBERS REGULARLY REVIEW COMPLIANCE WITH POLICY. 03. Governing documents, etc, available to public (Part VI, line 19) ORGANIZATION HAD GOVERNING DOCUMENTS AVAILABLE ON WEBSITE AND AT MAIN OFFICE ON REQUEST.

990	Overflow Statement	2014 Page 1
Name(s) as shown on return		FEIN
NJ EMERGENCY	PREPAREDNESS ASSN	01-0562775

FORM 990 PART IX LINE 24 OTHER EXPENSES -MGT

Description		Amount		
BOOKKEEPING		\$	878	
LICENSES AND PERMITS			403	
POSTAGE			468	
BOARD MEETINGS			282	
OTHER			62	
	Total:	\$	2,093	