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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

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Revenue, Expenses, and Changes in Net Assets or Fund Baiances(see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Contributions, girts, grants, and similar amounts received 1	Α	For the 2	2015 calenda	r year, or tax year beginning , 2015, a	nd ending			, 20	
Number and street (or PO too., final is not definered to street actives) Reproductive multiple	В	Check if applicable C Name of organization		C Name of organization		D Employ	yer identi	ification number	
Statist mourn	Ц.	Address ch	ange	NewJ Middlesex County Sheriffs Dept		22-	22-2933938		
For interview proming	Ц	Name chan	ge	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Telepho	ne numb	er	
Any processing the process of the	Ш	Initial return	1						
Application persons		Final return	Vterminated		<u> </u>	(73	2)745	-4118	
G Accounting Method		Amended re	etum	City or town, state or province, country, and ZIP or foreign postal code		F Group	Exemption	n	
Website:		Application	pending	New Brunswick, NJ 08903-0967		Numbe	r 🕨	3116	
Tax-exempt status (check only one)	G	Accounti	ng Method	X Cash	F	I Check ►			
K Form of organization Corporation Trust Association Other	ı	Website	: ▶ <u>www.</u>			required to	attach Sc	hedule B	
K Form of organization	J_	Tax-exe	mpt status (d	check only one) - ☐ 501(c)(3) 🔀 501(c)(9) ◀ (insert no) ☐ 4947(a)(1) or 527	(Form 990,	990-EZ,	or 990-PF)	
(Part II) column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Part II Revenue, Expenses, and Changes in Net Assets or Fund Baiances (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 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 Goss, 5 4 Investment income 5a Gross amount from sale of assets other than inventory 5 Less cost or other basis and sales expenses 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 5 Gross income from fundraising events (not including \$ of contributions from fundraising events (not including \$ from fundraising events (not including \$ of contributions exceeds \$15,000) 6 Gross income from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances 7a b Less cost of goods sold 6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 9 Total revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d 7c, and 8 9 79, 2 10 Grants and smilar amounts pacify (list in Schedule O) 10 3, 4, 5, 6d 7c, and 8 11 Grants and smilar amounts pacify (list in Schedule O) 11 Benefits paid to or for members 12 Salaines, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in	K	Form of	organization						
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances(see the instructions for Part)	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			
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7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule O) 9 Total revenue, Add lines 1, 2, 3, 4, 5c, 6d 7c, and 8 9 79, 2 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salanes, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on pnor year's return) 19 47, 0 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 46, 8		d	Net income	or (loss) from gaming and fundraising events (add lines 6a and 6b and sul	btract				
b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d 7c, and 8 9 79, 2 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on pnor year's return) 19 47, (0.2016) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 Add, 8									
C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d 7c, and 8 9 79, 2 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salanes, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on pnor year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 Net assets or fund balances at end of year Combine lines 18 through 20		7a	Gross sales	of inventory, less returns and allowances	7a				
8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d 7c, and 8 9 79, 2 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 46, 8		Ь	Less cost o	f goods sold	7b		1 1		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 46, 8		С	Gross profit	7c					
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on pnor year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 46, 8		8	Other reven	ue (describe in Schedule O)			8	600	
10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 46, 8		9	Total reven	ue. Add lines 1, 2, 3, 4, 5c, 6d 7c, and 8		ح إسسسند	9	79,235	
Salaries, other compensation, and employee benefits 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 46, 8		10			OFTIE	3	10	3,475	
Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping Other expenses (describe in Schedule O) Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 18 through 20 12 13 15, 9 14 15 16 54, 5 79, 3 17 18 18 (19 47, 0 20 20 21 21 46, 8		11	Benefits par		11	5,320			
13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 46,8		12	-	181 .	12				
14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 46,8	Expenses	13	Professiona		13	15,971			
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on pnor year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 1 46,8		14	Occupancy,	rent, utilities, and maintenance	<u>∷</u> j⊈].	14			
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on pnor year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 1 46,8		15		T viet i	TIT . I	15			
17 Total expenses. Add lines 10 through 16				2.74		بسبب	16	54,597	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		17	-	and the second s			17	79,363	
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on pnor year's return)		18				(128			
21 Net assets or fund balances at end of year Combine lines 18 through 20	ets	19			# #- # # #- #				
21 Net assets or fund balances at end of year Combine lines 18 through 20	SS							47,003	
21 Net assets or fund balances at end of year Combine lines 18 through 20	et A	20	·-				20		
	ž	21	_	•			21	46,875	
r or repermonia neutrolitical see the separate instructions.	Fo			on Act Notice, see the separate instructions.			1.	Form 990-EZ (2015)	

	ounty Sheriffs Dept	22-29	9339	38 Page 2
Part II Balance Sheets (see the instructions for	Part II)			
Check if the organization used Schedule O to	respond to any question in this Part II	<u> </u>		<u></u>
	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments		47,003	22	46,875
g-		0	23	0
24 Other assets (describe in Schedule O) · · · · ·		0	24	0
		47,003	25	46,875
26 Total liabilities (describe in Schedule O)		0	26	0
27 Net assets or fund balances (line 27 of column (B) m	ust agree with line 21)	47,003	27	46,875
	•	· _ /		Expenses
	o respond to any question in this Part III		(Req	uired for section
What is the organization's primary exempt purpose? See	Sch O - General Explanation Att	ach	501(0	c)(3) and 501(c)(4)
Describe the organization's program service accomplishme			orgar	uzations, optional for
as measured by expenses. In a clear and concise manner,			other	s)
persons benefited, and other relevant information for each	-			
28 See Schedule O - General Explanati	on Attachment			
				
(Grants \$) If the	s amount includes foreign grants, check here · ·		28a	
29	amount includes loreign grants, check here	·····	2.00	
				ļ
(Grants \$) If th	s amount includes foreign grants, check here	▶ 🗍	29a	
30				
(Grants \$) If th	s amount includes foreign grants, check here	▶ 🗍	30a	
31 Other program services (describe in Schedule O) ·				
(Grants \$) If th	s amount includes foreign grants, check here	▶ 🔲	31a	
32 Total program service expenses (add lines 28a thro	ıgh 31a)	<i>.</i> ▶	32	<u> </u>
Part IV List of Officers, Directors, Trustees, and	Key Employees (list each one even if not compens			_
Check if the organization used Schedule O	o respond to any question in this Part IV	· · · · · · · · · · · ·		<u></u>
	(b) Average (c) Reportable compensation	(d) Health benefits,		(e) Estimated amount of
(a) Name and title	hours per week (Forms W-2/1099-N	contributions to emplo IISC) benefit plans, and	,,,,,	other compensation
	devoted to position (if not paid, enter	-0-) deferred compensat	ion	
Michael Ansaldo				
President	10.00	50	-0	0
Kevin Mastrosario	5.00			•
Vice President Jeffrey Bell	5.00	0	0	0
Recording Secretary	5.00	o	0	0
Scott Andersen	3.00		╣	
Treasurer	10.00	50	٥	0
Robert Galiardo	10.00	30		
Financial Secretary	5.00	0	0	0
Fernando Marin	3.00		Ť	<u> </u>
State Delegate	10.00	50	0	0
James Kelly				
Alt State Delegate	10.00	50	0	0
Jeffrey Williamson				
_	5.00	o	0	0
Sergeant at Arms			-	
Sergeant at Arms Bruce Palumba	3,00			
	5.00	0	0	0
Bruce Palumba		0	0	0
Bruce Palumba Trustee 1 Chairman		0	0	0
Bruce Palumba Trustee 1 Chairman Adalid Maldonado	5.00			
Bruce Palumba Trustee 1 Chairman Adalid Maldonado Trustee 2 Secretary	5.00			
Bruce Palumba Trustee 1 Chairman Adalid Maldonado Trustee 2 Secretary Joseph Morriale	5.00	0	0	0
Bruce Palumba Trustee 1 Chairman Adalid Maldonado Trustee 2 Secretary Joseph Morriale	5.00	0	0	0

EEA

Form **990-EZ** (2015)

1 0	United 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	• • •	ĭ	٤Ц
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
	detailed description of each activity in Schedule O	33		\ _v
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	33	_	X
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	Ì		
	change on Schedule O (see instructions)	34		x
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			 ^
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		x
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			一
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets		ļ .	
	during the year? If "Yes," complete applicable parts of Schedule N	36		x
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a	-		V .
	Did the organization file Form 1120-POL for this year?	37b	<u> </u>	Х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			-
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter	-	- 457	- 1
а	Initiation fees and capital contributions included on line 9	ŀ		
b	Gross receipts, included on line 9, for public use of club facilities	1		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1		-
	section 4911 ▶, section 4912 ▶, section 4955 ▶	- Salar	-	1 -
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	Ž] 1
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			Í
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	-		4
	on organization managers or disqualified persons during the year under sections 4912,		_ =-	
	4955, and 4958 · · · · · · · · · · · · · · · · · · ·		-	
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line			
	40c reimbursed by the organization · · · · · · · · · · · · · · · · · · ·	-		la.
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		Х
41	List the states with which a copy of this return is filed			
42 a	The organization's books are in care of ▶ Scott Andersen Telephone no ▶ 732-7	45-4	118	
	Located at ▶ PO Box 967, New Brunswick, NJ ZIP+4 ▶ 08903	-096	7	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Thansair tooding (1 D) it y		_ : [Ŋ
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		Х
	If "Yes," enter the name of the foreign country			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		🕨	L
	and enter the amount of tax-exempt interest received or accrued during the tax year	<u>L</u> ,		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			<u> </u>
	completed instead of Form 990-EZ	44a		X
þ	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be		121	灅
	completed instead of Form 990-EZ	44b		X
	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		1,1	Ž.
	explanation in Schedule O · · · · · · · · · · · · · · · · · ·	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the		#_	
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		<u> </u>	Ĕ.
	Form 990-F7 (see instructions)	AEL		l v

Page 3

Form 9	990-EZ (201	5) NewJ Middlesex	County Sheriffs	Dept	22-	2933938	Page 4
	-						Yes No
46							نـــــا
Par	to candidates for public office? If "Yes," complete Schedule C, Part I						X
14.00		All section 501(c)(3) organizations 50 and 51 Check if the organization used Scl	must answer questi		·	tables for	lines
			<u></u>	<u> </u>			Yes No
47		organization engage in lobbying activities or "Yes," complete Schedule C, Part II	have a section 501(h) ele	ction in effect during the	tax 	47	
48	is the o	rganization a school as described in section	170(b)(1)(A)(n)? If "Yes,"	complete Schedule E		48	
49a		organization make any transfers to an exem		organization?		49a	
ь		was the related organization a section 527	_			49b	
50		te this table for the organization's five highes		·	-	•	
	employi	ees) who each received more than \$100,000	o compensation from the	<u></u>	(d) Health benefits,	T	
		(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions to employee benefit plans, and deferred compensation	1 ' '	ed amount of mpensation
						ļ	
						ļ	
f 51	Comple	umber of other employees paid over \$100,00 te this table for the organization's five higher 00 of compensation from the organization.	st compensated independ		received more than		
	(a)	Name and business address of each independent contr	actor	(b) Type of servic	е	(c) Compensation	on
							·····
d	Total nu	imber of other independent contractors each	n receiving over \$100,000				
52	Did the	organization complete Schedule A? Note. A	•	zations must attach a		▶ ☐ Yes	X No
Unde	<u>-</u> _	of perjury, I declare that I have examined this ret				ledge and belief	, it is
true,	correct, ar	Declaration of preparer (other than o	officer) is based on all informa	ation of which preparer has a			
Sund Chulerson 5/161						101b	
Sig Her		Signature of officer Da					
пег	e	Scott Andersen, Treasure Type or print name and title	r				
		<u></u>	Preparer's signature	Date	Check X if	PTIN	
Paid	I	Jeffrey M Isaacs EA	My Maleria	el EA 05-16-20		P00283	977
Prep	arer		es MLC dba JB Fi		Firm's EIN ▶ 45	-40573	65
Use	Use Only Firm's address ▶ PO Box 821						
	the IDC	New Brunswick N			Phone no 732	2-985-9278 ▶ X Yes	
EEA	ule IKS (discuss this return with the preparer shown a	ibuve / See instructions	<u> </u>			30-EZ (2015)

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

2015

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection
Employer Identification number

NewJ Middlesex County Sheriffs De	ept	·····	22-2933938				
01. General explanation attachment							
Form 990-EZ, Part III, Primary Exempt Purpose							
To further the interests of member	rship by seeking	improved terms and condit	ions of				
employment, to render moral and m	aterial aid to me	embers as needed, to provi	de				
representation and/or counsel in	legal proceedings	s, and to promote social a	nd service				
activities.							
Form 990-EZ, Part III, Line 28 -	First Accomplish	ment					
To further the interests of membe	rship by seeking	improved terms and condit	ions of				
employment, to render moral and m	aterial aid to mo	embers as needed, to provi	de				
representation and/or counsel in	legal proceeding	s, and to promote social a	nd service				
activities.							
02. Description of other revenue	(Part I, line 8)					
Description		Amount					
Donations Received		600					
03. List of grants and similar a	mounts paid (Par	t I, line 10)					
Activity	Donations						
Grantee	Various						
Amount	3,475						
04. Description of other expense	s (Part I, line	16)					
Description		Amount					