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Department of the Treasury Internal Revenue Service

# SCANNED DEC 1 4 2016

# Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► 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.

OMB No 1545-0047 2015

Open to Public Inspection

<u>A</u>	For the 2	1015 calend	dar year, or tax year beginning , 2015, and ending	
В	Check if app	licable	C Name of organization NEW JERSEY HEALTH OFFICERS ASSOCIATION D Employe	er identification number
	Addres	s change	Doing business as New Jersey Association of County and City Health Officials, Inc. 22-3	3291284
	Name	change	Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephor	ne number
	Initial re	eturn	1 Municipal Plaza (973	3) 579-0370
	Final reti	urn/lerminated	City or town, state or province, country, and ZIP or foreign postal code	<del></del>
	1-1	led return	Freehold NJ 07728 G Gross re	ceipts \$1,340,064.
	<del>⊢</del> ⊣	ition pending	F Name and address of principal officer H(a) Is this a group return	
	LINPPIICE			
_	Tay over		Margaret Jahn P.O. Box 6987 Freehold NJ 07728 (f 'No,' attach a list (s)   501(c)(3)   X   501(c) (6 )   4947(a)(1) or   527   527   6   6   6   6   7   7   7   7   7	ee instructions)
<u> </u>		npt status		
1	Websit		ww.njaccho.org H(c) Group exemption nun	<del></del>
ľ.		rganization	<del></del>	tate of legal domicile NJ
Pa		Summar		
			be the organization's mission or most significant activities: The fulfillment of so	ociety's interest
ဗ္ပ	<u> </u>	<u>assur</u>	ing the conditions in which people can be healthy and	
뎚	<u> </u>	prove_	the transmission of State, County and Local health service	<u>s</u>
ē			health officers, and to promote knowledge of public health	
õ			ox ► if the organization discontinued its operations or disposed of more than 25% of its net as oting members of the governing body (Part VI, line 1a)	
∞ ব			dependent voting members of the governing body (Part VI, line 1a)	3 19 4 19
<u>e</u> .			of individuals employed in calendar year 2015 (Part V, line 2a)	5
₹			of volunteers (estimate if necessary)	6 19
Activities & Governance			ed business revenue from Part VIII, column (C), line 12	7a 0.
			I business taxable income from Form 990-T, line 34	<b>7b</b> 0.
			Prior Year	Current Year
	<b>8</b> Co	ntributions	and grants (Part VIII, line 1h) 166,5	
Revenue			vice revenue (Part VIII, line 2g)	
š		-	come (Part VIII, column (A), lines 3, 4, and 7d)	4.
æ				00. 77,707.
			e – add lines 8 through 11 (must equal Part VIII) column (A), line 12) 185, 5	
	<b>13</b> Gra	ants and sir	milar amounts paid (Part IX, column FA) lines 1-3)	
	<b>14</b> Be	nefits paid	to or for members (Part IX column (A), line 4) 7016	
	<b>15</b> Sal	laries, othe	er compensation, employee benefits (Part IX, column (A), lines 5-10)	
Ses	46 - D.		fundamental form (Part IV - 1 (P) (1) 1 and 12 - 1 (P)	
Expenses	ь т	-16	- CN	
ᅑ	D IO	ai fundrais	sing expenses (Part IX, column (D), Ime (25))	
_			20070	
			es Add lines 13-17 (must equal Part IX, column (A), line 25)	
	19 Re	venue less	s expenses Subtract line 18 from line 12	
5 g			Beginning of Curren	
alar alar		,	(Part X, line 16)	
Net Assets Fund Balan	<b>21</b> Tot	tal liabilities	s (Part X, line 26)	50. 437,884.
		t assets or	fund balances. Subtract line 21 from line 20	36. <u>121,067.</u>
Pa	rt II	Signatur	re Block	
Unde	penalties o	f perjury, I dec	clare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and bell to the best of my knowledge an	ief, it is true, correct and
comp	lete Declara	ation of prepare	ck (piner than once) is based on all information of which preparer has any knowledge	<u> </u>
		<b>—</b>	1000 1011	16
Sig He	n	r Signatu	ire of officer Date	
He	re		garet Jahn TREASURER	<del></del>
		<u> </u>	r print name and title	
		Print/Type pi	preparer's name Preparer's signature Check	X If PTIN
Pai	d	ROBERT	I J BUTVILLA ROBERT J BUTVILLA 11/08/16 self-employe	P00837745
Pre	рагег	Firm's name	Suplee, Clooney & Company	
Us	Only	Firm's addre		22-1427684
			Westfield NJ 07090-2122 Phone no	(908) 789-9300
			NOOCIICIA	(300) 103 3300
May	the IRS	discuss this	s return with the preparer shown above? (see instructions)	

Form	1990 (2015) NEW JERSEY HEALTH OFFICERS ASSOCIATION	22-3291284	Page 2
Par	데를 Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission		
	The fulfillment of society's interest		
	in assuring the conditions in which people can be healthy and		
	_ =====================================		<b>-</b>
	See Form 990, Page 2, Part III, Line 1 (continued)		
2	Did the organization undertake any significant program services during the year which were not listed on the pri	or	
_	Form 990 or 990-EZ?	<del></del>	X No
	If 'Yes,' describe these new services on Schedule O		<u>M</u>
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
3	If 'Yes,' describe these changes on Schedule O.		
4	· · · · · · · · · · · · · · · · · · ·	managered by synanse	
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses	
	and revenue, if any, for each program service reported	<b>,,</b>	•
_			
4 a	(Code) (Expenses \$ 1,218,590. including grants of \$ 0.) (Re	venue \$	0.)
	The fulfillment of society's interest in assuring the conditions	, <del>_</del>	
	in which people can be healthy and improve the transmission of		
	State, County and Local health services through health officers,		
	· - · - · - · - ·		
		<b>-</b>	<b>-</b> -
		<del> </del>	<u> </u>
		_ <b></b>	
4 b	(Code) (Expenses \$ including grants of \$) (Re	venue \$	)
4 c	(Code) (Expenses \$ including grants of \$ ) (Re	evenue \$	)
<u> </u>			
4 d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$ ) (Revenue \$		)
4 e	Total program service expenses ► 1,218,590.		

	, p 1-,		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		 X
2	ls the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
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		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5	х	
•	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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
g	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		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	4753 14 1850	San	
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11a		х
	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		×
	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25° If 'Yes,' complete Schedule D, Part X	11 e		Х
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	Х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	Х
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		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 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? If 'Yes,' complete Schedule G, Part III	19		Х

22-3291284

Checklist of Required Schedules (continued) Yes No Х 20a Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H . . . . . . 20a b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . . . 20b Х Х 22 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Х 23 Х 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . . 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 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 transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I......... 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L. Part I . . . . . . 25b Χ 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member Х 27 ر جي . 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV . Х 28a **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Χ 28b Х 28c Χ 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M . . . . . . . . 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I . . . . . . 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Χ 32 33 Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, Х 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . . . . Х 35a 35b 36 37 Χ 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 

га	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			. $\sqsubset$
	·	<del></del> -	Yes	No
1 :	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1 a			(*)
1	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1 - 17.	,	\$
	(gambling) winnings to prize winners?	1 c	<del></del>	
	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 a	, , , , , , , , , , , , , , , , , , ,		,
ı	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			,
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
	b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
4 :	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
ı	b If 'Yes,' enter the name of the foreign country	H. M. S.		10 1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			اید مدان
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
ı	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
(	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a	X	
ı	of Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	х	
7	Organizations that may receive deductible contributions under section 170(c).			-
ě	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		Х
	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
•	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7.0		X
,	If 'Yes,' indicate the number of Forms 8282 filed during the year	7 c		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	- 7 e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	<del>                                     </del>		<b></b>
3	as required?	7 g		
ŀ	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a		-	
8	Form 1098-C?	7 h		
·	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	8	•	
a	organization have excess business holdings at any time during the year?	<u> </u>	<del></del>	
, ,	Sponsoring organizations maintaining donor advised funds.  I Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter	,		
	a Initiation fees and capital contributions included on Part VIII, line 12	,'		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b	اً ا		
	Section 501(c)(12) organizations. Enter		:	
	Gross income from members or shareholders	4,		•
	Gross income from other sources (Do not net amounts due or paid to other sources	- , , -	, , ,	i -
	against amounts due or received from them.)			,
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a	ļ	
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		٠, ٠	
	Section 501(c)(29) qualified nonprofit health insurance issuers.			_
а	Is the organization licensed to issue qualified health plans in more than one state?	13 a		
	Note. See the instructions for additional information the organization must report on Schedule O	** 4. ·		
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	`		,
C	Enter the amount of reserves on hand	], '		
	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	14 b	<u> </u>	

a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No 19 1 a Enter the number of voting members of the governing body at the end of the tax year . . . . . 1 a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent . . . . . 19 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision Χ of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents 4 Х 5 X Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Х 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b Χ Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 a Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a X 10a Did the organization have local chapters, branches, or affiliates? . . . . . . . . . . . . . . . b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 h operations are consistent with the organization's exempt purposes?............... Χ 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . . 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12 a Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 . . . . . . . . . . b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12 b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12 c Х 13 X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 a a The organization's CEO, Executive Director, or top management official . . . . . . . . . . . . . . Х Х 15 b if 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16 a Х b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16 b organization's exempt status with respect to such arrangements?........... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > New Jersey 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 X Upon request Other (explain in Schedule O) Another's website 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 State the name, address, and telephone number of the person who possesses the organization's books and records (973) 579-0370 Organization 1 Municipal Plaza Freehold 07728 BAA Form 990 (2015) TEEA0106 10/12/15

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for

	1			(C)						
(A) Name and Title	(B) Average hours per	than	one to both dire	oox, u an of ector/	inless fficer truste	e)	n	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Stephanie Carey	2.00	v		х		·		_		
Immediate Past President		Х		<u> </u>			<u> </u>	0.	0.	0.
(2) Trevor Weigle President	_2.00	х		Х				0.	0.	0.
	2.00	х		Х				0.	0.	0.
_(4) <u>Kevin Sumner</u> Secretary	2.00	х		Х				0.	0.	0.
(5) Margaret Jahn Treasurer	2.00	х		Х				0.	0.	0.
(6) Pete Summers Past President	2.00	Х		Х				0.	0.	0.
	2.00	х		Х				0.	0.	0.
(8) Lucy Forgione At-Large Representative	2.00	Х		Х				0.	0.	0.
(9) Ralph D'Aries At-Large Representative	2.00	х						0.	0.	0.
(10) Nancy Mangieri At-Large Representative	2.00	х						0.	0.	0.
(11) Nancy Gerrity At-Large Representative	2.00	х						0.	0.	0.
(12) Patricia Diamond At-Large Representative	2.00	х						0.	0.	0.
(13) Marsha McGowan At-Large Representative	2.00	х						0.	0.	0.
(14) Bill Wallace At-Large Representative	2.00	Х						0.	0.	0.

Part: VIII   Section A. Officers, Directors,   (A)   Name and title	(B)  Average hours per week	(do box,	Ponot chec	(C) sition k more person	than one	en (2)	(D)  Reportable compensation from	(E)  Reportable compensation from		( Estin amount	F) nated of other nsation
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)		from organi and re	n the
(15) Megan Avallone At-Large Representative	2.00_	x					0.	0			0.
(16) Dave Henry	2.00	Х					0.	0		-	0.
At-Large Representative  (17) Les Jones At-Large Representative	2.00	x					0.	0			0.
(18) Pete Tabbot At-Large Representative	2.00_	X					0.		).		0.
(19) Dave Richardson At-Large Representative	2.00_	x					0.	C	).		0.
(20)											
(21)	_										
(22)											
(23)											
(24)	_										
(25)		<del>                                     </del>									
1 b Sub-total					_		0.	(	J.		0
c Total from continuation sheets to Part VII, Se d Total (add lines 1b and 1c)					1	iver	0.	1	comr		0 on
from the organization		113100									Yes No
3 Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for suc								nployee		3	Tes No
For any individual listed on line 1a, is the sum of the organization and related organizations great	f reportable o ter than \$150	ompe ,000?	ensation	n an s' co	d other	cor Sch	mpensation from hedule J for				
<ul><li>such individual</li></ul>	ue compensa	tion fi	om ar	ıy un	related	org	ganization or indivi			5	- X
for services rendered to the organization? If 'Yes Section B. Independent Contractors									• • •		
Complete this table for your five highest comper compensation from the organization. Report cor	nsated independence in the months of the mon	ender or the	t cont calen	racto dar y	rs that ear end	rec ling	eived more than \$ with or within the	100,000 of organization's tax			
(A) Name and business a	ddress						Description		C	Omper	sation
2 Total number of independent contractors (include	-	mited	to the	se lis	sted abo	ove	) who received m	ore than		al all	manage for the state of the sta
\$100,000 of compensation from the organization	n ▶ 0								* 30x1-	。基準	<b>建筑是"不</b> "。

Part VIII Statement of Revenue

1				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Program Service Revenue and Other Similar Amounts	b d e f g	Federated campaigns 1 a  Membership dues 1 b  Fundraising events 1 c  Related organizations 1 d  Government grants (contributions) 1 e  All other contributions, gifts, grants, and similar amounts not included above 1 f  Noncash contributions included in lines 1a-1f. \$  Total. Add lines 1a-1f	21,700.  1,229,327.  Business Code 611710	1,251,027.	11,330.	0.	0.
Program Ser		All other program service revenue		11,330.			
	3 4 5	Investment income (including dividends, other similar amounts)	ond proceeds	11,000			
	b c	Gross rents  Less rental expenses Rental income or (loss)  Net rental income or (loss)	(II) Personal	A second	Care Seek		
	7a b	Gross amount from sales of assets other than inventory  Less cost or other basis and sales expenses  Gain or (loss)	(ii) Other				
Other Revenue	8 a	Net gain or (loss)	a b	September of the septem			
	9 a b	Gross income from gaming activities See Part IV, line 19	a b				\$
,	10 a b	Gross sales of inventory, less returns and allowances	a b				
		Miscellaneous Revenue  Administration Fees	Business Code 611710	77,707.	77,707.	0.	0.
	е	All other revenue				0.	0.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Part IX Statement of Functional Expenses

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to 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			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
4	Benefits paid to or for members			. Carlotte - 25	** *** *** *** *** *** *** *** *** ***
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)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
t	D Legal				
C	Accounting	22,246.	0.	22,246.	0.
c	Lobbying				
6	Professional fundraising services See Part IV, line 17 .			<u></u>	
	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	684.	684.	0.	
13	Office expenses	4,830.	4,634.	196.	0.
14	Information technology				
15	Royalties				
16	Occupancy				·
17	Travel				·
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	12,943.	12,943.	0.	0.
20	Interest				
21	Payments to affiliates				· <del></del>
22	Depreciation, depletion, and amortization				
23	Insurance	1,023.	1,023.	0.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e if line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	F F G G F G W C G G G G G G G G G G G G G G G G G	1,199,306.	1,199,306.	0.	0.
t	<b>,</b>				<u> </u>
c	; 				
e	All other expenses				
25	Total functional expenses Add lines 1 through 24e	1,241,032.	1,218,590.	22,442.	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)		_		

**Balance Sheet** 

Part X

(A) (B) End of year Beginning of year 1 Cash - non-interest-bearing . . . . . . . . . 45,986 206,171. 2 2 Savings and temporary cash investments . . . 3 Pledges and grants receivable, net ...... 3 352**,**780. 4 4 Accounts receivable, net . . . . . . . . . . . . . Loans and other receivables from current and former officers, directors, 5 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 . . . . . 6 7 Assets 8 8 Prepaid expenses and deferred charges . . . . . . . . 9 10 a Land, buildings, and equipment cost or other basis. 10 a b Less accumulated depreciation . . . . . . . . . 10 b 10 c Investments – publicly traded securities . . . . . 11 12 Investments - other securities. See Part IV, line 11 . . . . 12 13 Investments - program-related See Part IV, line 11 13 Intangible assets . . . . . . 14 14 15 Other assets See Part IV, line 11 . . . . 15 Total assets. Add lines 1 through 15 (must equal line 34) . . . . 16 45,986 16 558,951 17 5,200 17 342,900 18 18 19 18,750 19 94,984 20 20 Escrow or custodial account liability Complete Part IV of Schedule D . . . . . 21 21 Loans and other payables to current and former officers, directors, trustees. 22 key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties . . . . . . . . . 23 23 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  $\,$ . 25 25 26 Total liabilities. Add lines 17 through 25 . 26 23,950 437,884. Organizations that follow SFAS 117 (ASC 958), check here ▶ 💢 and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. Rev. C 27 036 121,067 28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds . . . . . . . . 30 30 Paid-in or capital surplus, or land, building, or equipment fund . . . . . . 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 33 121,067 22,036 34 34 45,986 558,951

BAA

Form 990 (2015)

_		22 <u>-</u> 3	29128	4	Pa	ge 12
Pai	t XI <sup>)*</sup> Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					$\cdot \perp \rfloor$
1	Total revenue (must equal Part VIII, column (A), line 12)		1	1,3	40,0	64.
2	Total expenses (must equal Part IX, column (A), line 25)	-	2	1,2	41,0	32.
3	Revenue less expenses Subtract line 2 from line 1	[	3		99,0	32.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	[	4		22,0	36.
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			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
Da	column (B))	• •	10	1	21 <u>,</u> 0	68.
Par	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		· · · · <u>·</u>	· · · ·	· · ·	للن
				<u></u>	Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			- 1.2		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			\$1	, Aller a	
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?			. 2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separate basis	on a			 3.7.	Ý
t	Were the organization's financial statements audited by an independent accountant?			· 2b	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate			; ,	-	. 1
	basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separate basis			Charles I		
				- ) - ) - Let		
C	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audıt,		. 2 c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			**		. :
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle 		3 a	Х	
ŧ	. If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the requir					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	<u> </u>	. 3 b	Х	
BAA				Form	990 (	2015)

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

### **Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

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

Section 527 organizations. Complete Part I-A only

If the organization answered 'Yes,' on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A Do not complete Part II-B.

 Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (see instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see instructions), then

	exy Tax) (see instructions), the Section 501(c)(4), (5), or (6) org				
_	of organization	· · · · · · · · · · · · · · · · · · ·		Employer identifica	ation number
NEV	JERSEY HEALTH OFF	ICERS ASSOCIATION		22-329128	
Pa	rt I-A Complete if the o	rganization is exempt under section	on 501(c) or is a	section 527 organi	zation.
1		ganization's direct and indirect political campa			
2					
3	Volunteer hours				
Pa	rt I-B  Complete if the o	rganization is exempt under section	on 501(c)(3).		
1	•	e tax incurred by the organization under secti		•	
2	•	e tax incurred by organization managers unde			
3	If the organization incurred a s	section 4955 tax, did it file Form 4720 for this	year?		· · UYes UNo
					· · · · Yes No
	b If 'Yes,' describe in Part IV	·	- <del>   -    -    -    -    -    -    -  </del>		
		rganization is exempt under section			
1	Enter the amount directly expe	ended by the filing organization for section 52	7 exempt function acti	vities · · · · · · ▶ Ş	
2	Enter the amount of the filing of function activities	organization's funds contributed to other organization	nizations for section 5	27 exempt ▶ \$	
3	Total exempt function expended in the 17b	tures Add lines 1 and 2 Enter here and on F	orm 1120-POL,		
4	Did the filing organization file I	Form 1120-POL for this year?			Yes No
5	Enter the names, addresses a organization made payments amount of political contribution	and employer identification number (EIN) of al For each organization listed, enter the amoun in received that were promptly and directly de action committee (PAC). If additional space is	section 527 political of the paid from the filing of the f	organizations to which thorganization's funds. Also political organization, suc	e filing e enter the
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2015

Schedule C (Form 990 or 990-EZ) 2	2015 <sub>NEW JERSEY</sub>	HEALTH OFFICERS A	SSOCIATION	22-3293	L 284 Page <b>2</b>
Part II-A Complete i section 501	f the organization	n is exempt under sec	ction 501(c)(3) and	d filed Form 5768 (e	lection under
	<del>-` :/</del>	gs to an affiliated group (and	list in Part IV each affili	sated group member's nam	
<del></del>		share of excess lobbying ex		iated group members nam	,
<del></del>		ed box A and 'limited control	•		
(The terr	Limits on Lobbyi m 'expenditures' mea	ng Expenditures	ed.)	(a) Filing organization's totals	(b) Affiliated group totals
<del></del>		c opinion (grass roots lobbyii			
		islative body (direct lobbying			
		1b)			
					<del></del> :
		3 1c and 1d)			<del></del>
f Lobbying nontaxable ar both columns	mount Enter the amou	int from the following table in			
If the amount on line 1e, co		The lobbying nontaxable a		公主,数据第2	S Property
Not over \$500,000		20% of the amount on line 1e		The straight the s	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Over \$500,000 but not over \$	\$1,000,000	\$100,000 plus 15% of the excess	over \$500,000		
Over \$1,000,000 but not over		\$175,000 plus 10% of the excess	over \$1,000,000	1 2 4	
Over \$1,500,000 but not over	r \$17,000,000	\$225,000 plus 5% of the excess o	ver \$1,500,000	x , , , 4	
Over \$17,000,000		\$1,000,000			
		line 1f)			
		nter -0			
i Subtract line 1f from line	e 1c If zero or less, en	nter -0			
j If there is an amount oth	her than zero on either	line 1h or line 1i, did the org	janization file Form 472	0 reporting	
section 4911 tax for this	s year?	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • •		· Yes No
(Son		I-Year Averaging Period Ui t made a section 501(h) ele		complete all of the five	
`	column	s below. See the instruction	ons for lines 2a throug	ıh 2f.)	
	Lobb	ying Expenditures During	4-Year Averaging Peri	<b>O a</b>	
Calendar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	( <b>d)</b> 2015	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e)) · · · ·					
f Grassroots lobbying expenditures					
AA		· · · · · · · · · · · · · · · · · · ·	<del>_</del>	Schedule C (Form	990 or 990-FZ) 2015

For each West		(a	a)		(b)	
of the lobbying activity	on lines 1a through 1i below, provide in Part IV a detailed description	Yes	No		Amount	
through the use of	the filing organization attempt to influence foreign, national, state or local gany attempt to influence public opinion on a legislative matter or referendum,					. 313 13* - 1
	ement (include compensation in expenses reported on lines 1c through 1i)?	<u> </u>		3	" A	•
	nts?	-	<del> </del>			
	's, legislators, or the public?			ļ		
				<u> </u>		
	olished or broadcast statements?					<u> </u>
	anizations for lobbying purposes?					
	egislators, their staffs, government officials, or a legislative body?			L		
	ions, seminars, conventions, speeches, lectures, or any similar means?					
	through 1		)·			
2 a Did the activities in	line 1 cause the organization to be not described in section 501(c)(3)?				,	
<b>b</b> If 'Yes,' enter the an	nount of any tax incurred under section 4912			]		
c If 'Yes,' enter the an	nount of any tax incurred by organization managers under section 4912	λ				
d If the filing organiza	tion incurred a section 4912 tax, did it file Form 4720 for this year?			4.	, -,".,	7
Part III-A Complet	te if the organization is exempt under section 501(c)(4), section 501	(c)(5)	. or			
section	501(c)(6).					
					Yes	No
<ol> <li>Were substantially a</li> </ol>	all (90% or more) dues received nondeductible by members?				1 X	1
					^_	1
	make only in-house lobbying expenditures of \$2,000 or less?				2 X	
<ul><li>2 Did the organization</li><li>3 Did the organization</li></ul>	make only in-house lobbying expenditures of \$2,000 or less?				2 X	-
2 Did the organization 3 Did the organization Part III-B Complet	n make only in-house lobbying expenditures of \$2,000 or less?	  (c)(5)	 	section	2 X 3 X n 501(c	-
2 Did the organization 3 Did the organization Part III-B Complet	n make only in-house lobbying expenditures of \$2,000 or less?	  (c)(5)	 	section	2 X 3 X n 501(c	-
2 Did the organization 3 Did the organization Part III-B Complet (6) and i answere	n make only in-house lobbying expenditures of \$2,000 or less?	  (c)(5)	 	section	2 X 3 X n 501(c , is	;)
2 Did the organization 3 Did the organization Part III-B Complet (6) and i answere 1 Dues, assessments	n make only in-house lobbying expenditures of \$2,000 or less?	  (c)(5)	), or s	section	2 X 3 X n 501(c , is	;)
2 Did the organization 3 Did the organization Part   III-B   Completed (6) and in answere 1 Dues, assessments 2 Section 162(e) none	make only in-house lobbying expenditures of \$2,000 or less?	  (c)(5)	), or s	section	2 X 3 X n 501(c , is	;)
2 Did the organization 3 Did the organization Part   III-B   Complet (6) and i answere  1 Dues, assessments 2 Section 162(e) none expenses for whice	n make only in-house lobbying expenditures of \$2,000 or less?	(c)(5) Part	), or s	section	2 X 3 X n 501(c , is	700.
2 Did the organization 3 Did the organization Part: III-B: Complet (6) and i answere 1 Dues, assessments 2 Section 162(e) none expenses for whic a Current year	n make only in-house lobbying expenditures of \$2,000 or less?	(c)(5) Part	), or sill-A,	section	2 X 3 X n 501(c , is	700.
2 Did the organization 3 Did the organization Part III-B Complet (6) and i answere 1 Dues, assessments 2 Section 162(e) noncexpenses for whice a Current year b Carryover from last	n make only in-house lobbying expenditures of \$2,000 or less?  n agree to carry over lobbying and political expenditures from the prior year?  te if the organization is exempt under section 501(c)(4), section 501 feither (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) and similar amounts from members  deductible lobbying and political expenditures (do not include amounts of political to the section 527(f) tax was paid).	(c)(5) Part	, or s III-A, 2 a	section	2 X 3 X n 501(c, is	700. 0. 443.
2 Did the organization 3 Did the organization Part III-B Complet (6) and i answere 1 Dues, assessments 2 Section 162(e) none expenses for whice a Current year b Carryover from last c Total	nake only in-house lobbying expenditures of \$2,000 or less?  nagree to carry over lobbying and political expenditures from the prior year?  the if the organization is exempt under section 501(c)(4), section 501 feither (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) and similar amounts from members  deductible lobbying and political expenditures (do not include amounts of political the section 527(f) tax was paid).	(c)(5)	), or sill-A,	section	2 X 3 X n 501(c, is	700. 0. 443.
2 Did the organization 3 Did the organization Part III-B Complet (6) and i answere 1 Dues, assessments 2 Section 162(e) none expenses for whice a Current year b Carryover from last c Total	n make only in-house lobbying expenditures of \$2,000 or less?  n agree to carry over lobbying and political expenditures from the prior year?  te if the organization is exempt under section 501(c)(4), section 501 feither (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) and similar amounts from members  deductible lobbying and political expenditures (do not include amounts of political to the section 527(f) tax was paid).	(c)(5)	1 2 a 2 b 2 c 3	section	2 X 3 X n 501(c, is	700.
2 Did the organization 3 Did the organization Part III-B Complet (6) and i answere  1 Dues, assessments 2 Section 162(e) none expenses for whice a Current year b Carryover from last c Total 3 Aggregate amount r  4 If notices were sent does the organization	agree to carry over lobbying expenditures of \$2,000 or less?	(c)(5)	1 2 a 2 b 2 c 3	section	2 X 3 X n 501(c, is	700. 0. 443. 443.
2 Did the organization 3 Did the organization Partalli-Bar Complet (6) and i answere  1 Dues, assessments 2 Section 162(e) none expenses for whice a Current year b Carryover from last c Total 3 Aggregate amount in 4 If notices were sent does the organization expenditure next ye	agree to carry over lobbying expenditures of \$2,000 or less?  agree to carry over lobbying and political expenditures from the prior year?  te if the organization is exempt under section 501(c)(4), section 501 feither (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) and similar amounts from members  deductible lobbying and political expenditures (do not include amounts of political in the section 527(f) tax was paid).  year  eported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  and the amount on line 2c exceeds the amount on line 3, what portion of the excess on agree to carryover to the reasonable estimate of nondeductible lobbying and political ar?	(c)(5)	1 2 a 2 b 2 c 3	section	2 X 3 X n 501(c, is	700. 0. 443. 443.
2 Did the organization 3 Did the organization Partalli-Bar Complet (6) and in answere 1 Dues, assessments 2 Section 162(e) none expenses for whice a Current year	agree to carry over lobbying expenditures of \$2,000 or less?  agree to carry over lobbying and political expenditures from the prior year?  te if the organization is exempt under section 501(c)(4), section 501 feither (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) and similar amounts from members  deductible lobbying and political expenditures (do not include amounts of political in the section 527(f) tax was paid).  year  eported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  and the amount on line 2c exceeds the amount on line 3, what portion of the excess on agree to carryover to the reasonable estimate of nondeductible lobbying and political ar?  obbying and political expenditures (see instructions)	(c)(5)	1 2 a 2 b 2 c 3	section	2 X 3 X n 501(c, is	700. 0. 443. 443.
Did the organization  Did the organization  Part III-B Complet  (6) and i answere  Dues. assessments  Section 162(e) noncexpenses for whice a Current year b Carryover from last control of the organization of the organiza	agree to carry over lobbying expenditures of \$2,000 or less?  agree to carry over lobbying and political expenditures from the prior year?  te if the organization is exempt under section 501(c)(4), section 501 feither (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) and similar amounts from members  deductible lobbying and political expenditures (do not include amounts of political in the section 527(f) tax was paid).  year  eported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  and the amount on line 2c exceeds the amount on line 3, what portion of the excess on agree to carryover to the reasonable estimate of nondeductible lobbying and political ar?  obbying and political expenditures (see instructions)	(c)(5)	, or selli-A,	section line 3	2 X 3 X n 501(c, is	700. 0. 443.
Did the organization  Did the organization  Part III-B  (6) and i answere  1 Dues, assessments  2 Section 162(e) noncexpenses for whice a Current year b Carryover from last c Total	agree to carry over lobbying and political expenditures from the prior year?  The if the organization is exempt under section 501(c)(4), section 501 feither (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) and 'Yes.'  and similar amounts from members  deductible lobbying and political expenditures (do not include amounts of political in the section 527(f) tax was paid).  year  deported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  and the amount on line 2c exceeds the amount on line 3, what portion of the excess on agree to carryover to the reasonable estimate of nondeductible lobbying and political are?  obbying and political expenditures (see instructions)  ental Information  equired for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-B, line 1 Also, complete this part for any additional information	(c)(5)	, or selli-A,	section line 3	2 X 3 X n 501(c, is	700. 0. 443. 443.
2 Did the organization 3 Did the organization Part III-B Complet (6) and i answere 1 Dues, assessments 2 Section 162(e) none expenses for whice a Current year b Carryover from last c Total	make only in-house lobbying expenditures of \$2,000 or less?  agree to carry over lobbying and political expenditures from the prior year?  the if the organization is exempt under section 501(c)(4), section 501 feither (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) and similar amounts from members  deductible lobbying and political expenditures (do not include amounts of political in the section 527(f) tax was paid).  Experience of the include amounts of political expenditures in the section 162(e) dues and the amount on line 2c exceeds the amount on line 3, what portion of the excess on agree to carryover to the reasonable estimate of nondeductible lobbying and political are cobbying and political expenditures (see instructions)  Experience of Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list). Programmed for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list).	(c)(5)	, or selli-A,	section line 3	2 X 3 X n 501(c, is	700. 0. 443. 443.

Other

health

-Participate in political initiatives affecting all aspects of public

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public

Employer identification number

NEW JERSEY HEALTH OFFICERS ASSOCIATION 22-3291284 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . . 1 2 Aggregate value of contributions to (during year) . . . Aggregate value of grants from (during year) . . . . . Aggregate value at end of year . . . . . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . . . . 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? No Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2 a 2 b c Number of conservation easements on a certified historic structure included in (a) . . . . . . 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, Nο Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year **>**\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III\* Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items ▶ \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 . . . . . . . . . . . . . . . . **▶** \$

		TH OFFICERS A		22-3293	
Part III Organizations Mainta	ining Collecti	ons of Art, Histo	orical Treasures, o	or Other Similar Ass	ets (continued)
3 Using the organization's acquisition items (check all that apply)	n, accession, and	other records, check	any of the following that	are a significant use of its	collection
a Public exhibition		<b>d</b> ☐ Loan ∈	or exchange programs		
<b>b</b> Scholarly research		e Other			
c Preservation for future genera	itions				
Provide a description of the organ Part XIII	ızatıon's collection	s and explain how the	ey further the organization	on's exempt purpose in	
5 During the year, did the organizati to be sold to raise funds rather that	on solicit or receiv	e donations of art, his	storical treasures, or other	er sımılar assets	⊤Yes □N
Part IV Escrow and Custodia line 9, or reported an a	al Arrangemer	nts. Complete if t	he organization ans		
1 a Is the organization an agent, trust on Form 990, Part X?	ee. custodian or of	her intermediary for o	contributions or other ass	sets not included	Yes N
b If 'Yes,' explain the arrangement in					
, , , , , ,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Amount
c Beginning balance				1c	<del></del>
d Additions during the year					
e Distributions during the year				1 e	
f Ending balance				<del></del>	
2 a Did the organization include an an				' <del>'</del>	Yes N
<b>b</b> If 'Yes,' explain the arrangement in	1 Part XIII Check	nere if the explanation	n nas been provided on	Part XIII	
Part V Endowment Funds. (	Complete if the	organization ans	wered 'Yes' on For	m 990, Part IV, line 1	0.
	(a) Current year	(b) Prior year	(c) Two years bac	k (d) Three years back	(e) Four years bac
1 a Beginning of year balance					
<b>b</b> Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
<b>g</b> End of year balance		<del>                                     </del>			
2 Provide the estimated percentage	of the current year	r end balance (line 1	column (a)) held as		<u>'                                      </u>
a Board designated or quasi-endow	•	્ર	g, column (a)) nola ac		
b Permanent endowment ►	96				
c Temporarily restricted endowment		96			
The percentages on lines 2a, 2b, a					
The percentages on lines 2a, 2b, a	and 20 should equ	ai 100%.			
3 a Are there endowment funds not in	the possession of	the organization that	are held and administe	red for the	
organization by.					Yes N
(i) unrelated organizations					3a(i)
(ii) related organizations					3a(ii)
<b>b</b> If 'Yes' on line 3a(ii), are the relate	_	· · · · · · · · · · · · · · · · · · ·			3b
4 Describe in Part XIII the intended		zation's endowment f	unds		
Part VI Land, Buildings, and					
Complete if the organia	zation answere	ed 'Yes' on Form	990, Part IV, line 11	1a. See Form 990, Pa	art X, line 10.
Description of property		Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		,			
<b>b</b> Buildings	<del>  -</del>		<del></del>	1	
c Leasehold improvements	<b>├</b> —			<del>   </del>	
d Equipment	<b>├</b> -			<del>                                       </del>	
e Other	L			<del> </del>	
<del></del>			<u> </u>	<del>'</del>	<del></del>
Total. Add lines 1a through 1e (Column	ı (a) must equal Fe	orm 990, Part X, colu	mn_(B), line 10c.)		J- B /E 000: 0
BAA				Sched	ule <b>D</b> (Form 990) 2

(a) Description of security or category (including name of security)	(b) Book value	Part IV, line 11b. See Form 990, Part X, line 12.  (c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		(a) memora of valuation cost of one of year memorates
(2) Closely-field equity interests	<del></del>	
(3) Other		
(A)		
(B)		
(c)		
(D)		
(E)	<del></del>	
(F)		
(G)		
(H)		
(I)		
Total (Column (b) must equal Form 990, Part X, column (B) line 12) ▶		· · · · · · · · · · · · · · · · · · ·
Part VIII Investments - Program Related.	· · · · · · · · · · · · · · · · · · ·	Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)	,,====	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total (Column (b) must equal Form 990, Part X, column (B) line 13)▶		
Part IX Other Assets.		
Other Assets.  Complete if the organization answered '	Yes' on Form 990,	Part IV, line 11d. See Form 990, Part X, line 15.
Part IX Other Assets. Complete if the organization answered ' (a) De		
Other Assets.  Complete if the organization answered '	Yes' on Form 990,	Part IV, line 11d. See Form 990, Part X, line 15.
Other Assets. Complete if the organization answered '  (a) De  (1)  (2)	Yes' on Form 990,	Part IV, line 11d. See Form 990, Part X, line 15.
Part IX Other Assets. Complete if the organization answered '  (a) De  (1)  (2)  (3)  (4)	Yes' on Form 990,	Part IV, line 11d. See Form 990, Part X, line 15.
Other Assets. Complete if the organization answered ' (a) De (1) (2) (3)	Yes' on Form 990,	Part IV, line 11d. See Form 990, Part X, line 15.
Other Assets. Complete if the organization answered ' (a) De (1) (2) (3) (4) (5) (6)	Yes' on Form 990,	Part IV, line 11d. See Form 990, Part X, line 15.
Other Assets. Complete if the organization answered ' (a) De (1) (2) (3) (4) (5) (6) (7)	Yes' on Form 990,	Part IV, line 11d. See Form 990, Part X, line 15.
Other Assets. Complete if the organization answered ' (a) De (1) (2) (3) (4) (5) (6) (7) (8)	Yes' on Form 990,	Part IV, line 11d. See Form 990, Part X, line 15.
Other Assets.  Complete if the organization answered ' (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9)	Yes' on Form 990,	Part IV, line 11d. See Form 990, Part X, line 15.
Part IX Other Assets. Complete if the organization answered ' (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Yes' on Form 990, scription	Part IV, line 11d. See Form 990, Part X, line 15.  (b) Book value
Part IX Other Assets.  Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) II	Yes' on Form 990, scription	Part IV, line 11d. See Form 990, Part X, line 15.  (b) Book value
Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) In Part X Other Liabilities.	Yes' on Form 990, scription	Part IV, line 11d. See Form 990, Part X, line 15.  (b) Book value
Part IX Other Assets.  Complete if the organization answered ' (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) In Part X Other Liabilities.  Complete if the organization answered 'Yes' on F	Yes' on Form 990, scription	Part IV, line 11d. See Form 990, Part X, line 15.  (b) Book value  11e or 11f See Form 990, Part X, line 25
Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) In Part X Other Liabilities.	Yes' on Form 990, scription	Part IV, line 11d. See Form 990, Part X, line 15.  (b) Book value  11e or 11f See Form 990, Part X, line 25
Part IX Other Assets.  Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) II Part X Other Liabilities.  Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2)	Yes' on Form 990, scription	Part IV, line 11d. See Form 990, Part X, line 15.  (b) Book value  11e or 11f See Form 990, Part X, line 25
Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) In Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) (3)	Yes' on Form 990, scription	Part IV, line 11d. See Form 990, Part X, line 15.  (b) Book value  11e or 11f See Form 990, Part X, line 25
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (Column (b) must equal Form 990, Part X, column (B) In Part X Other Liabilities.  Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) (3) (4)	Yes' on Form 990, scription	Part IV, line 11d. See Form 990, Part X, line 15.  (b) Book value  11e or 11f See Form 990, Part X, line 25
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (Column (b) must equal Form 990, Part X, column (B) In Part X Other Liabilities.  Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Yes' on Form 990, scription	Part IV, line 11d. See Form 990, Part X, line 15.  (b) Book value  11e or 11f See Form 990, Part X, line 25
Complete if the organization answered (a) De  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) la  Part X Other Liabilities.  Complete if the organization answered 'Yes' on F  (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5) (6)	Yes' on Form 990, scription	Part IV, line 11d. See Form 990, Part X, line 15.  (b) Book value  11e or 11f See Form 990, Part X, line 25
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Complete if the organization answered (a) De  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Fotal. (Column (b) must equal Form 990, Part X, column (B) li  Part X Other Liabilities.  Complete if the organization answered 'Yes' on F  (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	Yes' on Form 990, scription	Part IV, line 11d. See Form 990, Part X, line 15.  (b) Book value  11e or 11f See Form 990, Part X, line 25
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Complete if the organization answered (a) De  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) li  Part X Other Liabilities. Complete if the organization answered 'Yes' on F  (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	Yes' on Form 990, scription	Part IV, line 11d. See Form 990, Part X, line 15.  (b) Book value  11e or 11f See Form 990, Part X, line 25
Part IX Other Assets.  Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) lives (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	Yes' on Form 990, scription  Ine 15)  Form 990, Part IV, line  (b) Book value	Part IV, line 11d. See Form 990, Part X, line 15.  (b) Book value  11e or 11f See Form 990, Part X, line 25

Part XIII Supplemental Information.

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . .

e Add lines 2a through 2d . . . . . . .

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

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Schedule  ${\bf D}$  (Form 990) 2015

2 e

1,241,032

1,241,032

3

4 c

5

### **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.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

NEW JERSEY HEALTH	OFFICERS ASSOCIATION	22-3291284
	<del></del>	the Association's Executive Board. The
	By Laws of the New Jersey Health	Officers Association can be found at
Pt VI, Line 11b	www.njaccho.org.	
Pt VI, Line 6	The Organization's members elect	the officers on an annual basis.
Pt VI, Line 7a	The Organization's members elect	the officers on an annual basis
Pt VI, Line 7b	The Organization's members approv	re board decisions.
Pt VI. Line 19	Documents are available on the Or	ganization's website and by request