

Return of Organization Exempt From Income Tax

EXTENDED TO JANUARY 16, 2018

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

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 and its instructions is at www.irs.gov/form990

For the 2016 calendar year, or tax year beginning MAR 1, 2016 and ending FEB 28, 2017

Part I Summary

A Name of organization: NEW JERSEY CENTER FOR TOURETTE SYNDROME AND ASSOCIATED DISORDERS, INC.

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial ☐ Final ☐ Return ☐ Amended ☐ Application pending

C City or town, state or province, country, and ZIP or foreign postal code: SOMERVILLE, NJ 08876

D Telephone number: 908-575-7350

E Gross receipts: \$ 639,344

F Name and address of principal officer: FAITH RICE, 50 DIVISION ST, #205, SOMERVILLE, NJ 08876

G Website: WWW.NJCTS.ORG

H Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ☐ (insert no.) ☐ 4947(a)(1) or ☐ 527

I Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

J Year of formation: 2007

K State of legal domicile: NJ

Part II Signature Block

Line	Part II	Signature	Date
1	1	FAITH RICE, EXECUTIVE DIRECTOR	1/17/17
2	2	JOSEPH M. CARDUCCI	1/17/17
3	3	JOSEPH M. CARDUCCI	1/17/17
4	4	JOSEPH M. CARDUCCI	1/17/17
5	5	JOSEPH M. CARDUCCI	1/17/17
6	6	JOSEPH M. CARDUCCI	1/17/17
7	7	JOSEPH M. CARDUCCI	1/17/17
8	8	JOSEPH M. CARDUCCI	1/17/17
9	9	JOSEPH M. CARDUCCI	1/17/17
10	10	JOSEPH M. CARDUCCI	1/17/17
11	11	JOSEPH M. CARDUCCI	1/17/17
12	12	JOSEPH M. CARDUCCI	1/17/17
13	13	JOSEPH M. CARDUCCI	1/17/17
14	14	JOSEPH M. CARDUCCI	1/17/17
15	15	JOSEPH M. CARDUCCI	1/17/17
16	16	JOSEPH M. CARDUCCI	1/17/17
17	17	JOSEPH M. CARDUCCI	1/17/17
18	18	JOSEPH M. CARDUCCI	1/17/17
19	19	JOSEPH M. CARDUCCI	1/17/17
20	20	JOSEPH M. CARDUCCI	1/17/17
21	21	JOSEPH M. CARDUCCI	1/17/17
22	22	JOSEPH M. CARDUCCI	1/17/17

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

Sign Here

Signature of officer FAITH RICE, EXECUTIVE DIRECTOR

Date 1/17/17

Print/Type preparer's name JOSEPH M. CARDUCCI

Preparer's signature [Signature]

Date 1/17/17

Check ☐ If self-employed ☐ If not self-employed

PTIN P00626953

Firm's EIN 22-3299874

Firm's address 114 BROAD STREET, FLEMINGTON, NJ 08822

Phone no. 908-782-7900

Use Only

Preparer ☒ Yes ☐ No

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Form 990 (2016)

SEE SCHEDULE O FOR ORGANIZATION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III ☒ X

1 Briefly describe the organization's mission:

COMMITTED TO THE ADVOCACY OF CHILDREN AND FAMILIES WITH TOURETTE SYNDROME AND ITS ASSOCIATED DISORDERS. DEDICATED TO DELIVERING HIGH QUALITY SERVICES TO THESE INDIVIDUALS, THE CENTER RECOGNIZES THE IMPORTANCE OF EDUCATING THE PUBLIC, MEDICAL PROFESSIONALS, AND

2 Did the organization undertake any significant program services during the year which were not listed on the

prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses:

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (expenses \$ 548,438. including grants of \$ 71,595.) (Revenue \$ 3,200.)

THE CENTER PURSUES THIS VISION BY CONTINUING TO DEVELOP INITIATIVES THAT STRENGTHEN EDUCATION PROGRAMS; CREATING PARTNERSHIPS THAT FOSTER RESEARCH; DEVELOPING NEW FUNDING STREAMS; BUILDING AFFILIATIONS WITH PRIVATE, GOVERNMENTAL, AND NON-PROFIT SECTORS; AND FOSTERING AN ENVIRONMENT THAT PROMOTES CIVILITY AND MUTUAL RESPECT.

4b (Code:) (expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(expenses \$ including grants of \$ 548,438.) (Revenue \$)
4e Total program service expenses

Part IV Checklist of Required Schedules

Form 990 (2016)

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	
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	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11		
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	X	
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	11b	X	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X	
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	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	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	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 5 and 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
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	X	

**NEW JERSEY CENTER FOR TOURIST SYNDROME
AND ASSOCIATED DISORDERS, INC.**

26-1388409

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Part IV Checklist of Required Schedules (continued)

20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	X	No	Yes
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule J			
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
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	X		
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			
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	X		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part III			
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	X		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	X		
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	X		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	X		
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
31	If "Yes," complete Schedule N, Part I	X		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	X		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	X		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	X		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
38	Note. All Form 990 filers are required to complete Schedule O	X		

Form 990 (2016)

932004 11-11-16

13021031 791284 5060

2016.05000 NEW JERSEY CENTER FOR TOURIST SYNDROME

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		1a	7
		b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		1b	0
		c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	
		2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	16
		b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	X
		3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	X
		b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		3b	
		4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	X
		b If "Yes," enter the name of the foreign country:			
		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
		5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	X
		b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	X
		c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
		6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	X
		b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
		7 Organizations that may receive deductible contributions under section 170(c). 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? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822?		7a	X
		d If "Yes," indicate the number of Forms 8822 filed during the year		7d	
		e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	X
		f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	X
		g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
		h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
		8 Sponsoring organizations maintaining donor advised funds. a Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	
		9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966?		9a	
		b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	
		10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10a	
		c Gross income from members or shareholders		10b	
		d Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		10c	
		11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders		11a	
		b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		11b	
		12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
		b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b	
		13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?		13a	
		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		13b	
		c Enter the amount of reserves on hand		13c	
		14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	X
		b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

1a	Enter the number of voting members of the governing body at the end of the tax year	10	10
1b	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.	10	10
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8a	X
a	The governing body?	8b	X
b	Each committee with authority to act on behalf of the governing body?	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a	Did the organization have local chapters, branches, or affiliates?	10a	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11b	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
13	Did the organization have a written whistleblower policy?	13	X
14	Did the organization have a written document retention and destruction policy?	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	
a	The organization's CEO, Executive Director, or top management official	15a	X
b	Other officers or key employees of the organization	15b	X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	17	NJ
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	18	☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	19	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:	20	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) FAITH RICE EXECUTIVE DIRECTOR	40.00	X					102,199.	0.	0.
(2) ANDREW HENDRY DIRECTOR	1.00	X					0.	0.	0.
(3) CONRAD RONCATTI DIRECTOR	1.00	X					0.	0.	0.
(4) TIMOTHY KOWALSKI, PH.D. DIRECTOR	1.00	X					0.	0.	0.
(5) TIM HOWARD DIRECTOR	1.00	X					0.	0.	0.
(6) AMY COLCHER, MD DIRECTOR	1.00	X					0.	0.	0.
(7) STEVEN LINDENBAUM DIRECTOR	1.00	X					0.	0.	0.
(8) TIM YINGLING DIRECTOR	1.00	X					0.	0.	0.
(9) TIM OMAGGIO PRESIDENT	3.00			X			0.	0.	0.
(10) REBECCA SPAR, ESQ. SECRETARY	1.00			X			0.	0.	0.
(11) PAUL ROMANO TREASURER	1.00			X			0.	0.	0.

Part VII

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

(A)	Name and title	
(B)	Average hours per week (list any hours for related organizations below line)	Individual trustee or director Institutional trustee Officer Key employee Highest compensated employee Former
(C)	Position (do not check more than one box, unless person is both an officer and a director/trustee)	
(D)	Reportable compensation from the organization (W-2/1099-MISC)	
(E)	Reportable compensation from related organizations (W-2/1099-MISC)	
(F)	Estimated amount of other compensation from the organization and related organizations	

[illegible]

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," <i>complete Schedule J for such individual</i>	X	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," <i>complete Schedule J for such individual</i>	X	4
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," <i>complete Schedule J for such person</i>	X	5
Yes			
No			

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

[illegible]

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
--	--	----------------------	---	---	--

1 a Federated campaigns		1a			
b Membership dues		1b			
c Fundraising events		1c			
d Related organizations		1d			
e Government grants (contributions)		1e	418,583.		
f All other contributions, gifts, grants, and similar amounts not included above		1f	145,116.		
g Noncash contributions included in lines 1a-1f: \$					
h Total. Add lines 1a-1f			563,699.		

2 a PROG.SERV.REVENUE-RELA		624100	3,200.	3,200.	
Business Code					
All other program service revenue					
f					
e					
d					
c					
b					
Total. Add lines 2a-2f			3,200.		

3 Investment income (including dividends, interest, and other similar amounts)			8,861.		8,861.
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					

6 a Gross rents		(i) Real			
b Less: rental expenses		(ii) Personal			
c Rental income or (loss)					
d Net rental income or (loss)					
7 a Gross amount from sales of		(i) Securities			
b Less: cost or other basis		(ii) Other			
c Gain or (loss)					
d Net gain or (loss)					

8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a	63,584.		
b Less: direct expenses		b	6,220.		
c Net income or (loss) from fundraising events			57,364.		57,364.
9 a Gross income from gaming activities. See Part IV, line 19		a			
b Less: direct expenses		b			
c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances		a			
b Less: cost of goods sold		b			
c Net income or (loss) from sales of inventory					

11 a Miscellaneous Revenue		Business Code			
11 a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d					
12 Total revenue. See instructions.			633,124.	3,200.	66,225.

**NEW JERSEY CENTER FOR TOURIST SYNDROME
AND ASSOCIATED DISORDERS, INC.**

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Part IX Statement of Functional Expenses

Form 990 (2016)

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

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

☐

Do not include amounts reported on lines 6b, 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	71,595.	71,595.		
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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	102,199.	66,429.	30,660.	5,110.
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	322,808.	212,970.	84,648.	25,190.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	35,033.	23,030.	9,505.	2,498.
11	Fees for services (non-employees)				
a	Management				
b	Legal	19,600.	19,600.		
c	Accounting	9,972.	8,493.	1,479.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	66,520.	49,162.		17,358.
12	Advertising and promotion				
13	Office expenses	14,518.	9,544.	3,939.	1,035.
14	Information technology				
15	Royalties				
16	Occupancy	25,477.	16,749.	6,912.	1,816.
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	50,113.	50,113.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,286.	845.	349.	92.
23	Insurance	14,210.	9,342.	3,855.	1,013.
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	TELEPHONE	4,313.	2,836.	1,170.	307.
b	REPAIRS AND MAINTENANCE	2,934.	1,929.	796.	209.
c	SCHOLARSHIPS	2,923.	2,923.		
d	POSTAGE	2,878.	2,878.		
e	All other expenses	2,289.		2,289.	
25	Total functional expenses. Add lines 1 through 24e	748,668.	548,438.	145,602.	54,628.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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Form 990 (2016)

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Part X Balance Sheet

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

		(A) Beginning of year	(B) End of year
1	Cash - non-interest-bearing	513,718.	576,906.
2	Savings and temporary cash investments	854,200.	680,019.
3	Pledges and grants receivable, net		
4	Accounts receivable, net		
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		
6	Loans and other receivables from other disqualified persons (as defined under section 4958(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 Instr). Complete Part II of Sch L		
7	Notes and loans receivable, net		
8	Inventories for sale or use		
9	Prepaid expenses and deferred charges	10,231.	12,027.
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		
10b	Less: accumulated depreciation	31,616.	
		27,065.	4,551.
11	Investments - publicly traded securities		
12	Investments - other securities. See Part IV, line 11		
13	Investments - program-related. See Part IV, line 11		
14	Intangible assets		
15	Other assets. See Part IV, line 11		
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,384,038.	1,278,882.
17	Accounts payable and accrued expenses	43,053.	42,497.
18	Grants payable		
19	Deferred revenue	2,759.	
20	Tax-exempt bond liabilities		
21	Escrow or custodial account liability. Complete Part IV of Schedule D		
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		
23	Secured mortgages and notes payable to unrelated third parties		
24	Unsecured notes and loans payable to unrelated third parties		
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		
26	Total liabilities. Add lines 17 through 25	45,812.	42,497.
	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.		
27	Unrestricted net assets	1,068,385.	995,418.
28	Temporarily restricted net assets	269,841.	240,967.
29	Permanently restricted net assets		
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.		
30	Capital stock or trust principal, or current funds		
31	Paid-in or capital surplus, or land, building, or equipment fund		
32	Retained earnings, endowment, accumulated income, or other funds		
33	Total net assets or fund balances	1,338,226.	1,236,385.
34	Total liabilities and net assets/fund balances	1,384,038.	1,278,882.

Form 990 (2016)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	633,124.
2	Total expenses (must equal Part IX, column (A), line 25)	748,668.
3	Revenue less expenses. Subtract line 2 from line 1	-115,544.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	1,338,226.
5	Net unrealized gains (losses) on investments	13,703.
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain in Schedule O)	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	1,236,385.

Part XII Financial Statements and Reporting

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

1	Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	☒
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:	
b	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	
	Were the organization's financial statements audited by an independent accountant?	☒
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:	
c	☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	☒
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	608,569.	558,914.	699,170.	936,679.	598,084.	3401416.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	608,569.	558,914.	699,170.	936,679.	598,084.	3401416.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11.						
6 Public support. Subtract line 5 from line 4.						3401416.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	608,569.	558,914.	699,170.	936,679.	598,084.	3401416.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,300.	2,854.	5,839.	10,487.	8,861.	31,341.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						3432757.
12 Gross receipts from related activities, etc. (see instructions)						15,319.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	99.09 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	99.33 %

16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and stop here. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a	33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b	33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2)? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Part IV Supporting Organizations (continued)

11	Has the organization accepted a gift or contribution from any of the following persons?	Yes	
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		
b	Below, the governing body of a supported organization?		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes," to a, b, or c, provide detail in Part VI.		
11a			
11b			
11c			

Section B. Type I Supporting Organizations

1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2			

Section C. Type II Supporting Organizations

1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1			

Section D. All Type III Supporting Organizations

1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3			

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b			
3a			
2b			
2a			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain		
2 Recoveries of prior-year distributions		
3 Other gross income (see instructions)		
4 Add lines 1 through 3		
5 Depreciation and depletion		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)		
7 Other expenses (see instructions)		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)		

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		

a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	

e Discount claimed for blockage or other factors (explain in detail in Part VI):		
2 Acquisition indebtedness applicable to non-exempt-use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		
Current Year		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions

1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9	Distributable amount for 2016 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)			(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions				
3	Excess distributions carryover, if any, to 2016:				
a					
b					
c	From 2013				
d	From 2014				
e	From 2015				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2016 distributable amount				
i	Carryover from 2011 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2016 from Section D, line 7:				
	\$				
a	Applied to underdistributions of prior years				
b	Applied to 2016 distributable amount				
c	Remainder. Subtract lines 4a and 4b from 4				
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions				
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions				
7	Excess distributions carryover to 2017. Add lines 3j and 4c				
8	Breakdown of line 7:				
a					
b	Excess from 2013				
c	Excess from 2014				
d	Excess from 2015				
e	Excess from 2016				

Schedule A (Form 990 or 990-EZ) 2016

Part VI

Supplemental information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.

(See instructions.)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (iii) Form 990-EZ, line 1. Complete Parts I and II.

Special Rules

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

General Rule

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

Form 990-PF

- ☐ 501(c)(3) exempt private foundation
- ☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 527 political organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

Form 990 or 990-EZ ☒ 501(c) 3 (enter number) organization

Filters of: Section:

Organization type (check one):

Name of the organization NEW JERSEY CENTER FOR TOURNETTE SYNDROME AND ASSOCIATED DISORDERS, INC.	
Employer identification number 26-1388409	Organization type (check one):

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors
▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

2016

Name of organization
NEW JERSEY CENTER FOR TOURNETTE SYNDROME
AND ASSOCIATED DISORDERS, INC.

Employer identification number
26-1388409

Part I

Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

1	RUTH ENI 309 BRIDGEBORO ROAD, APT 2454 MOORESTOWN, NJ 08057	(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions \$ 36,000.	(d) Type of contribution (Complete Part II for noncash contributions.) Person ☒ Payroll ☐ Noncash ☐
2	STATE OF NEW JERSEY - DEPARTMENT OF HEALTH AND SENIOR SERVIC P.O. BOX 360 TRENTON, NJ 08625	(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions \$ 418,583.	(d) Type of contribution (Complete Part II for noncash contributions.) Person ☒ Payroll ☐ Noncash ☐
3	JOEMAX TELECOM, LLC 281 BROWERTON ROAD, SUITE 201 WOODLAND PARK, NJ 07424	(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions \$ 30,000.	(d) Type of contribution (Complete Part II for noncash contributions.) Person ☒ Payroll ☐ Noncash ☐
(a)	(b)	(a)	(b)	(c)	(d)
(a)	(b)	(a)	(b)	(c)	(d)
(a)	(b)	(a)	(b)	(c)	(d)
(a)	(b)	(a)	(b)	(c)	(d)

26-1388409

Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

[illegible]

26-1388409

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations

§ 1

(d) Description of how gift is held

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferor's name, address, and ZIP + 4 Relationship of transferor to transferee			

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	(e) Transfer of gift		Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items:

- (check all that apply):
- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes ☐ No ☐

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes ☐ No ☐ If "Yes," explain the arrangement in Part XIII and complete the following table:

	1c	1d	1e	1f
Amount				
c Beginning balance				
d Additions during the year				
e Distributions during the year				
f Ending balance				

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes ☐ No ☐ If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment %

b Permanent endowment %

c Temporarily restricted endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations	3a(i)	Yes ☐ No ☐
(ii) related organizations	3a(ii)	Yes ☐ No ☐
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	Yes ☐ No ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 4,551.

Schedule D (Form 990) 2016

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, 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
-------------------------------	----------------	---

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
-----------------	----------------

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
------------------------------	----------------

1. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	653,047.	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	13,703.	2e
3	Subtract line 2e from line 1	19,923.	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	633,124.	5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	754,888.	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	6,220.	2e
3	Subtract line 2e from line 1	6,220.	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	748,668.	5

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.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES

6,220.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES

6,220.

3 List all states or licensing.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration

Total

[illegible]

compensated at least \$5,000 by the organization.

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be key employees listed in Form 990, Part VII or entity in connection with professional fundraising services? ☐ Yes

No ☐ Yes ☐

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or

☐ In-person solicitations☐ Phone solicitations☐ Internet and email solicitations☐ Mail solicitations

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

Part I

required to complete this part.

Fundraising Activities.

Name of the organization

Department of the Treasury
Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

▶ Attach to Form 990 or Form 990-EZ.

organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Employer identification number

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Inspection

2016

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13a	%
13b	%

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

13a	%
13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name
Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$
c If "Yes," enter name and address of the third party:

Name
Address

16 Gaming manager information:

Name
Gaming manager compensation \$
Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

632084
04-01-16

Schedule G (Form 990 or 990-EZ)

Blank area for supplemental information.

Part IV Supplemental Information (continued)

NEW JERSEY CENTER FOR TOURETTE SYNDROME
AND ASSOCIATED DISORDERS, INC.

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

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

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Name of the organization

NEW JERSEY CENTER FOR TOURETTE SYNDROME
AND ASSOCIATED DISORDERS, INC.

Employer identification number
26-1388409

Part I	General Information on Grants and Assistance
--------	--

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

[illegible]

- | | | |
|-----|---|------------------------------|
| 2 | Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | 1 |
| 3 | Enter total number of other organizations listed in the line 1 table | 1 |
| LHA | For Paperwork Reduction Act Notice, see the Instructions for Form 990. | Schedule I (Form 990) (2016) |

NEW JERSEY CENTER FOR TOURETTE SYNDROME
AND ASSOCIATED DISORDERS, INC.

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

[illegible]

Part IV

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

QUARTERLY EXPENDITURE REPORTS ARE PROVIDED BY THE GRANTEE TO SUBSTANTIATE THE USE OF THE GRANTOR'S FUNDS.

[illegible]

Part III Grants or Assistance Benefiting Interested Persons.

[illegible]

Part II Loans to and/or From Interested Persons.

2	Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958		▶	\$
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization		▶	\$

1	(a) Name of disqualified person					
	(b) Relationship between disqualified person and organization					
	(c) Description of transaction		Yes	No	(d) Corrected?	

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Name of the organization	NEW JERSEY CENTER FOR TOURETTE SYNDROME	Employer identification number	26-1388409
	AND ASSOCIATED DISORDERS, INC.		

SCHEDULE L (Form 990 or 990-EZ)		Department of the Treasury Internal Revenue Service	
Transactions With Interested Persons ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .		OMB No. 1545-0047 2016 Open To Public Inspection	

IN LAW OF THE EXECUTIVE DIRECTOR FAITH RICE.

THE INSURANCE AGENCY USED BY THE ORGANIZATION IS OWNED BY THE BROTHER

SCHEDULE L, PART B

(E) SHARING OF ORGANIZATION REVENUES? = NO

(D) DESCRIPTION OF TRANSACTION: PURCHASE OF INSURANCE.

(C) AMOUNT OF TRANSACTION \$ 1,313.

SEE PART V

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

(A) NAME OF PERSON: THE RICE AGENCY

SCH T, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

Provide additional information for responses to questions on Schedule L (see instructions).

Part V Supplemental Information

(a) Name of interested person	THE RICE AGENCY	SEE PART V	1,313.	PURCHASE OF	Yes	No
(b) Relationship between interested person and the organization						
(c) Amount of transaction						
(d) Description of transaction						
(e) Sharing of organization's revenues?						

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Part IV Business Transactions Involving Interested Persons.

SCHEDULE M
(Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Department of the Treasury
Internal Revenue Service

Name of the organization

NEW JERSEY CENTER FOR TOURETTE SYNDROME
AND ASSOCIATED DISORDERS, INC.

Employer identification number
26-1388409

Part I Types of Property

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

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(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
-------------------------------	---	--	--

1	Art - Works of art		
2	Art - Historical treasures		
3	Art - Fractional interests		
4	Books and publications		
5	Clothing and household goods		
6	Cars and other vehicles		
7	Boats and planes		
8	Intellectual property		
9	Securities - Publicly traded		
10	Securities - Closely held stock		
11	Securities - Partnership, LLC, or trust interests		
12	Securities - Miscellaneous		
13	Qualified conservation contribution -		
14	Historic structures		
15	Real estate - Residential		
16	Real estate - Commercial		
17	Real estate - Other		
18	Collectibles		
19	Food inventory		
20	Drugs and medical supplies		
21	Taxidermy		
22	Historical artifacts		
23	Scientific specimens		
24	Archaeological artifacts		
25	Other (LEGAL SERVICE)	X	
26	Other		
27	Other		
28	Other		

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?			
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X	
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2016)

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

FORM 990 IS AVAILABLE UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

TO DETERMINE ANY INCREASE IN COMPENSATION.

THE EXECUTIVE DIRECTOR RECEIVES AN ANNUAL REVIEW BY THE BOARD OF DIRECTORS

FORM 990, PART VI, SECTION B, LINE 15:

CONFLICTS OF INTEREST.

ORGANIZATION'S POLICY ON AN ANNUAL BASIS AND DISCLOSE ANY POTENTIAL

THE ORGANIZATION REQUESTS THAT ALL EMPLOYEES AND BOARD MEMBERS REVIEW THE

FORM 990, PART VI, SECTION B, LINE 12C:

IRS.

FORM 990 IS REVIEWED BY THE BOARD OF TRUSTEES PRIOR TO BEING FILED WITH THE

FORM 990, PART VI, SECTION B, LINE 11B:

ACTIVELY SUPPORTING RESEARCH FOR A CURE.

THE PROMOTION AND DEVELOPMENT OF DIAGNOSTIC AND TREATMENT THERAPIES AND

COMMUNITIES AND SOCIETY AT LARGE, THE CENTER IS COMMITTED TO LEADING

INDIVIDUALS WITH TOURETTE SYNDROME ARE CONTRIBUTING MEMBERS OF THEIR

PUBLIC SCHOOLS, HEALTH CENTERS, AND UNIVERSITIES. TO ENSURE THAT

TEACHERS ABOUT THIS DISORDER THROUGH PROGRAMS AND AFFILIATIONS WITH

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SYNDROME AND ITS ASSOCIATED DISORDERS.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

Name of the organization

NEW JERSEY CENTER FOR TOURETTE SYNDROME
AND ASSOCIATED DISORDERS, INC.Employer identification number
26-1388409Department of the Treasury
Internal Revenue Service
(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/form990Open to Public
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2016

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SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

**NEW JERSEY CENTER FOR TOURETTE SYNDROME
AND ASSOCIATED DISORDERS, INC.**

OMB No. 1545-0047
2016
Open to Public
Inspection

Employer identification number
26-1388409

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
TOURETTE SYNDROME ASSOCIATION OF NEW JERSEY - 52-1624871, 50 DIVISION ST, SOMERVILLE, NJ 08876	TO SUPPORT THE NEEDS OF FAMILIES WITH TOURETTE SYNDROME	NEW JERSEY	501 (c) 3	170 (B) (1) (A) (VI)		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2016

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	1s	1r	1t
(1)							X
(2)							X
(3)							X
(4)							X
(5)							X
(6)							X

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e)

Page 4

Blank area for supplemental information.

Provide additional information for responses to questions on Schedule R. See instructions.

4562

Depreciation and Amortization
(Including Information on Listed Property)

990

2016

OMB No. 1545-0172
Attachment
Sequence No. 179Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562

Business or activity to which this form relates

Identifying number

NEW JERSEY CENTER FOR TOURIST SYNDROME
AND ASSOCIATED DISORDERS, INC.

FORM 990 PAGE 10 26-1388409

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2,010,000.
3	Threshold cost of section 179 property before reduction in limitation	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	

8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	
9	Tentative deduction. Enter the smaller of line 5 or line 8	
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)	
14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year
15	Property subject to section 168(f)(1) election
16	Other depreciation (including ACRS)

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)	
Section A	
17	MACRS deductions for assets placed in service in tax years beginning before 2016
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐

Section B - Assets Placed in Service During 2016 Tax Year Using the General Depreciation System						
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property					
h	Residential rental property					
i	Nonresidential real property					

Section C - Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System						
20a	Class life					
b	12-year					
c	40-year					

Part IV Summary (See instructions.)						
21	Listed property. Enter amount from line 28					
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22				1,475.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23				

616251 12-21-16 LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2016)

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2016.05000 NEW JERSEY CENTER FOR TOURIST SYNDROME

