

Form 990

Return of Organization Exempt From Income Tax

2013

Open to Public Inspection

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

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form. Information about Form 990 and its instructions is at www.IRS.gov/form990

Department of the Treasury Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 09-01-2013, 2013, and ending 08-31-2014

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization: NEW JERSEY EDUCATION ASSOCIATION. D Employer identification number: 21-0524390. E Telephone number: (609) 599-4561. F Name and address of principal officer: WENDELL F STEINHAEUER, 180 W STATE STREET PO BOX 1211, TRENTON, NJ 086071211. G Gross receipts \$ 157,200,458. H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? No. H(c) Group exemption number. I Tax-exempt status: 501(c)(5). J Website: WWW.NJEA.ORG. K Form of organization: Association. L Year of formation: 1853. M State of legal domicile: NJ.

Part I Summary

Table with 3 main sections: Activities & Governance (1-7b), Revenue (8-12), and Expenses (13-19). Section 20: Net Assets or Fund Balances (20-22). Includes data for contributions, program revenue, expenses, and net assets.

Part II Signature Block

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 SEAN M SPILLER SECRETARY-TREASURER, Date 2015-07-14. Paid Preparer Use Only: Preparer LOUIS VERZELLA CPA, Date 2015-07-08, Firm NOVAK FRANCELLA LLC, EIN 61-1436956, Address BALA CYNWYD, PA 19004.

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission
THE MISSION OF THE NEW JERSEY EDUCATION ASSOCIATION IS TO ADVANCE AND PROTECT THE RIGHTS, BENEFITS, AND INTERESTS OF MEMBERS, AND PROMOTE A QUALITY SYSTEM OF PUBLIC EDUCATION FOR ALL STUDENTS

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 \$ including grants of \$) (Revenue \$)
TO ASSIST ALL MEMBERS IN THE ECONOMIC, PROFESSIONAL AND SOCIAL ADVANCEMENT OF THEIR CONDITION AND STATUS

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 \$) (Revenue \$)

4e Total program service expenses

Part IV Checklist of Required Schedules

| | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | | No |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/> | Yes | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> <input checked="" type="checkbox"/> | Yes | |
| 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? <i>If "Yes," complete Schedule C, Part II</i> | | |
| 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? <i>If "Yes," complete Schedule C, Part III</i> <input checked="" type="checkbox"/> | Yes | |
| 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? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/> | | No |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/> | | No |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/> | | No |
| 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? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/> | | No |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/> | Yes | |
| 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 | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> <input checked="" type="checkbox"/> | Yes | |
| 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? <i>If "Yes," complete Schedule D, Part VII</i> <input checked="" type="checkbox"/> | | No |
| 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? <i>If "Yes," complete Schedule D, Part VIII</i> <input checked="" type="checkbox"/> | | No |
| 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? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/> | | No |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/> | Yes | |
| 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)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/> | Yes | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/> | | No |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/> | Yes | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | No |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | No |
| 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? <i>If "Yes," complete Schedule F, Parts I and IV</i> | | No |
| 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | No |
| 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | No |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i> | | No |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | | No |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | No |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | No |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |

Part IV Checklist of Required Schedules *(continued)*

| | | | | |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|----|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 | Yes | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | 22 | | No |
| 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? <i>If "Yes," complete Schedule J</i> | 23 | Yes | |
| 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | 25a | | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | 25b | | |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i> | 26 | | No |
| 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 of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | No |
| 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? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | | No |
| 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? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | | No |
| 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? <i>If "Yes," complete Schedule R, Part I</i> | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | 34 | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No |
| 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | |
| 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? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |

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

| | | Yes | No |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a | | |
| | | | 793 |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b | | |
| | | | 0 |
| 1c | 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 | | |
| | | | 426 |
| 2b | 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 | Yes | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a | Yes | |
| 3b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b | Yes | |
| 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 | | No |
| b | If "Yes," enter the name of the foreign country <input type="text"/> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a | | No |
| 5b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b | | No |
| 5c | 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 | | No |
| 6b | 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? 7a | | |
| 7b | If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b | | |
| 7c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c | | |
| 7d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | |
| 7e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e | | |
| 7f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f | | |
| 7g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g | | |
| 7h | 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 and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 | | |
| 9a | Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a | | |
| 9b | Did the organization make a distribution to a donor, donor advisor, or related person? 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | | |
| 10a | Initiation fees and capital contributions included on Part VIII, line 12 10a | | |
| 10b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | |
| 11 | Section 501(c)(12) organizations. Enter | | |
| 11a | Gross income from members or shareholders 11a | | |
| 11b | 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 | | |
| 12b | 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. | | |
| 13a | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 13a | | |
| 13b | 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 | | |
| 13c | Enter the amount of reserves on hand 13c | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? 14a | | No |
| 14b | 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 lines 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

| | | Yes | No |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | |
| 1b | Enter the number of voting members included in line 1a, above, who are independent | | |
| 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? | | No |
| 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? | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | No |
| 6 | Did the organization have members or stockholders? | Yes | |
| 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? | Yes | |
| 7b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | |
| 8a | The governing body? | Yes | |
| 8b | Each committee with authority to act on behalf of the governing body? | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | No |

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

| | | Yes | No |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | Yes | |
| 10b | 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? | Yes | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | Yes | |
| 11b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | Yes | |
| 12b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | Yes | |
| 12c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | Yes | |
| 13 | Did the organization have a written whistleblower policy? | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | Yes | |
| 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 | The organization's CEO, Executive Director, or top management official | Yes | |
| 15b | Other officers or key employees of the organization | Yes | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | No |
| 16b | 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? | | |

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 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
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 TIM MCGUCKIN 180 W STATE STREET PO BOX 1211
 TRENTON, NJ 086071211 (609) 599-4561

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 | | |
|---------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------|-------|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns 1a | | | | | | |
| | b | Membership dues 1b | | | | | | |
| | c | Fundraising events 1c | | | | | | |
| | d | Related organizations 1d | | | | | | |
| | e | Government grants (contributions) 1e | | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above 1f | 6,118,520 | | | | | |
| | g | Noncash contributions included in lines 1a-1f \$ | | | | | | |
| | h | Total. Add lines 1a-1f | 6,118,520 | | | | | |
| Program Service Revenue | 2a | MEMBERSHIP DUES | | | | | | |
| | | Business Code | | | | | | |
| | | 900099 | 114,116,470 | 114,116,470 | | | | |
| | b | CONFERENCES | | | | | | |
| | | 900099 | 757,078 | 757,078 | | | | |
| | c | CONVENTION | | | | | | |
| | | 900099 | 606,421 | 606,421 | | | | |
| | d | PUBLICATION INCOME | | | 286,227 | | | |
| | 511190 | 286,227 | | | | | | |
| e | ROYALTY INCOME | | | | | | | |
| | 900099 | 88,653 | | | 88,653 | | | |
| f | All other program service revenue | | | | | | | |
| g | Total. Add lines 2a-2f | 115,854,849 | | | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | 4,130,459 | | | 4,130,459 | | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 | Royalties | | | | | | |
| | 6a | Gross rents | (i) Real | | | | | |
| | | | (ii) Personal | | | | | |
| | | | b | Less rental expenses | | | | |
| | | | c | Rental income or (loss) | | | | |
| | d | Net rental income or (loss) | | | | | | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | 31,063,325 | | | | |
| | | | (ii) Other | | 7,000 | | | |
| | | | b | Less cost or other basis and sales expenses | 27,552,728 | | 0 | |
| | | | c | Gain or (loss) | 3,510,597 | | 7,000 | |
| | d | Net gain or (loss) | 3,517,597 | | | 3,517,597 | | |
| | 8a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 | | | | | | |
| | a | | | | | | | |
| | b | Less direct expenses b | | | | | | |
| | c | Net income or (loss) from fundraising events | | | | | | |
| | 9a | Gross income from gaming activities See Part IV, line 19 | | | | | | |
| | a | | | | | | | |
| | b | Less direct expenses b | | | | | | |
| c | Net income or (loss) from gaming activities | | | | | | | |
| 10a | 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 | | | | | | | |
| | Miscellaneous Revenue | Business Code | | | | | | |
| 11a | OTHER INCOME | 900099 | 26,305 | | | 26,305 | | |
| b | | | | | | | | |
| c | | | | | | | | |
| d | All other revenue | | | | | | | |
| e | Total. Add lines 11a-11d | | 26,305 | | | | | |
| 12 | Total revenue. See Instructions | | 129,647,730 | 115,479,969 | 286,227 | 7,763,014 | | |

Part IX Statement of Functional Expenses

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 governments and organizations in the United States. See Part IV, line 21 | 12,035,100 | | | |
| 2 | Grants and other assistance to individuals in the United States. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | 52,890 | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 3,519,498 | | | |
| 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 | 28,756,187 | | | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 17,205,092 | | | |
| 9 | Other employee benefits | 9,737,372 | | | |
| 10 | Payroll taxes | 2,115,359 | | | |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | | | | |
| b | Legal | 9,993,703 | | | |
| c | Accounting | 86,500 | | | |
| d | Lobbying | | | | |
| e | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | 331,513 | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 1,613,819 | | | |
| 12 | Advertising and promotion | 10,094,500 | | | |
| 13 | Office expenses | 5,340,385 | | | |
| 14 | Information technology | 1,546,173 | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 3,069,481 | | | |
| 17 | Travel | 3,270,830 | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 3,262,988 | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | 4,858,797 | | | |
| 22 | Depreciation, depletion, and amortization | 1,678,176 | | | |
| 23 | Insurance | 246,619 | | | |
| 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 | ORGANIZING EXPENSES | 4,910,672 | | | |
| b | TRAINING PROG & SERV | 3,020,783 | | | |
| c | COMMUNICATION EXPENSE | 420,316 | | | |
| d | PUBLIC/GOVERNMENT RELAT | 394,504 | | | |
| e | All other expenses | 950,902 | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 128,512,159 | | | |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) | | (B) |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------|-----------------------|
| | | Beginning of year | | End of year |
| Assets | 1 Cash—non-interest-bearing | 13,750,958 | 1 | 2,203,260 |
| | 2 Savings and temporary cash investments | 10,540,742 | 2 | 10,187,722 |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 1,442,676 | 4 | 1,117,462 |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 5 | |
| | 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 instructions) Complete Part II of Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | 30,933 | 8 | 30,943 |
| | 9 Prepaid expenses and deferred charges | 3,123,621 | 9 | 950,019 |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 29,476,475 | | |
| | b Less accumulated depreciation | 10b 15,315,212 | 14,420,580 | 10c 14,161,263 |
| | 11 Investments—publicly traded securities | 94,527,090 | 11 | 115,234,818 |
| | 12 Investments—other securities See Part IV, line 11 | | 12 | |
| | 13 Investments—program-related See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets See Part IV, line 11 | 1,138,125 | 15 | 1,339,947 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 138,974,725 | 16 | 145,225,434 | |
| Liabilities | 17 Accounts payable and accrued expenses | 5,364,734 | 17 | 6,104,031 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 1,018,594 | 19 | 1,100,877 |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 1,803,427 | 23 | 1,406,441 |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | 118,766,095 | 25 | 154,187,196 |
| | 26 Total liabilities. Add lines 17 through 25 | 126,952,850 | 26 | 162,798,545 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 11,996,875 | 27 | -17,598,111 |
| | 28 Temporarily restricted net assets | 25,000 | 28 | 25,000 |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 12,021,875 | 33 | -17,573,111 | |
| 34 Total liabilities and net assets/fund balances | 138,974,725 | 34 | 145,225,434 | |

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) | 1 | 129,647,730 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 128,512,159 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 1,135,571 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 12,021,875 |
| 5 | Net unrealized gains (losses) on investments | 5 | 4,968,066 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -35,698,623 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | -17,573,111 |

Part XII Financial Statements and Reporting

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

| | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | |
| 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | No |
| 2b 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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | Yes | |
| 2c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | Yes | |
| 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? | | No |
| 3b 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 | | |

Additional Data

Software ID:
Software Version:
EIN: 21-0524390
Name: NEW JERSEY EDUCATION ASSOCIATION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted 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 | Former | | | |
| EDWARD J RICHARDSON EXECUTIVE DIRECTOR | 40 00 | X | | | | | | 233,688 | 0 | 470,239 |
| VINCENT E GIORDANO PAST EXECUTIVE DIRECTOR | 40 00 | X | | | | | | 491,879 | 0 | 407,183 |
| JANET S BISCHAK EXECUTIVE COMMITTEE | 2 00 | X | | | | | | 2,860 | 0 | 0 |
| STEPHEN V BOUCHARD EXECUTIVE COMMITTEE | 2 00 | X | | | | | | 3,203 | 0 | 0 |
| RONALD G BURD EXECUTIVE COMMITTEE | 2 00 | X | | | | | | 4,360 | 0 | 0 |
| JOSEPH F CHEFF EXECUTIVE COMMITTEE | 2 00 | X | | | | | | 2,860 | 0 | 0 |
| LUCILLE A BLOOM EXECUTIVE COMMITTEE | 2 00 | X | | | | | | 3,362 | 0 | 0 |
| GAYLE K FAULKNER EXECUTIVE COMMITTEE | 2 00 | X | | | | | | 2,860 | 0 | 0 |
| BEVERLY A FIGLIOLI EXECUTIVE COMMITTEE | 2 00 | X | | | | | | 2,860 | 0 | 0 |
| CARL E FRATZ EXECUTIVE COMMITTEE | 2 00 | X | | | | | | 3,860 | 0 | 0 |
| TONI E GUERRA EXECUTIVE COMMITTEE | 2 00 | X | | | | | | 2,860 | 0 | 0 |
| REGINA A ANDREWS-COLLETTE EXECUTIVE COMMITTEE | 2 00 | X | | | | | | 2,860 | 0 | 0 |
| CHARLOTTE J BAYLEY EXECUTIVE COMMITTEE | 2 00 | X | | | | | | 2,860 | 0 | 0 |
| ROBIN C HOLCOMBE EXECUTIVE COMMITTEE | 2 00 | X | | | | | | 2,860 | 0 | 0 |
| SUSAN J DAVIS EXECUTIVE COMMITTEE | 2 00 | X | | | | | | 2,860 | 0 | 0 |
| ROSEMARIE J JANKOWSKI EXECUTIVE COMMITTEE | 2 00 | X | | | | | | 3,226 | 0 | 0 |
| MICHAEL E FRANK EXECUTIVE COMMITTEE | 2 00 | X | | | | | | 2,860 | 0 | 0 |
| ANDREW M JACOBS EXECUTIVE COMMITTEE | 2 00 | X | | | | | | 2,860 | 0 | 0 |
| MICHAEL J KRUCZEK EXECUTIVE COMMITTEE | 2 00 | X | | | | | | 3,859 | 0 | 0 |
| DONNA MIRABELLI EXECUTIVE COMMITTEE | 2 00 | X | | | | | | 2,860 | 0 | 0 |
| ARNETTA E JOHNSON EXECUTIVE COMMITTEE | 2 00 | X | | | | | | 2,860 | 0 | 0 |
| TERESA J PURCELL EXECUTIVE COMMITTEE | 2 00 | X | | | | | | 4,354 | 0 | 0 |
| VICTORIA D MCKEON EXECUTIVE COMMITTEE | 2 00 | X | | | | | | 2,860 | 0 | 0 |
| LAURIE A SCHORNO EXECUTIVE COMMITTEE | 2 00 | X | | | | | | 2,860 | 0 | 0 |
| KIMBERLY L SCOTT EXECUTIVE COMMITTEE | 2 00 | X | | | | | | 2,860 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted 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 | Former | | | |
| ANN MARGARET SHANNON EXECUTIVE COMMITTEE | 2 00 | X | | | | | | 2,860 | 0 | 0 |
| ROY S TAMARGO EXECUTIVE COMMITTEE | 2 00 | X | | | | | | 2,860 | 0 | 0 |
| JOHN P WARD EXECUTIVE COMMITTEE | 2 00 | X | | | | | | 2,860 | 0 | 0 |
| CHRISTINE SAMPSON-CLARK EXECUTIVE COMMITTEE | 2 00 | X | | | | | | 2,998 | 0 | 0 |
| MICHELE T YAKOPCIC EXECUTIVE COMMITTEE | 2 00 | X | | | | | | 3,911 | 0 | 0 |
| LINDA K MARTINS EXECUTIVE COMMITTEE | 2 00 | X | | | | | | 2,860 | 0 | 0 |
| ANITA SCHWARTZ EXECUTIVE COMMITTEE | 2 00 | X | | | | | | 2,637 | 0 | 0 |
| MARY SUE FISCO EXECUTIVE COMMITTEE | 2 00 | X | | | | | | 2,860 | 0 | 0 |
| SUSAN MCBRIDE EXECUTIVE COMMITTEE | 2 00 | X | | | | | | 2,860 | 0 | 0 |
| ANDREW POLICASTRO EXECUTIVE COMMITTEE | 2 00 | X | | | | | | 3,943 | 0 | 0 |
| ERIC L STINSON EXECUTIVE COMMITTEE | 2 00 | X | | | | | | 5,243 | 0 | 0 |
| EDWARD YARUSINSKY EXECUTIVE COMMITTEE | 2 00 | X | | | | | | 2,860 | 0 | 0 |
| LOIS YUKNA EXECUTIVE COMMITTEE | 2 00 | X | | | | | | 3,942 | 0 | 0 |
| ALVIN WILLIAMS EXECUTIVE COMMITTEE | 2 00 | X | | | | | | 3,910 | 0 | 0 |
| ANNETTE ALSTON EXECUTIVE COMMITTEE | 2 00 | X | | | | | | 0 | 0 | 0 |
| COLLEEN S CURREN EXECUTIVE COMMITTEE | 2 00 | X | | | | | | 0 | 0 | 0 |
| SUSAN C MANIGLIA EXECUTIVE COMMITTEE | 2 00 | X | | | | | | 0 | 0 | 0 |
| HEIDI M OLSON EXECUTIVE COMMITTEE | 2 00 | X | | | | | | 0 | 0 | 0 |
| PATRICIA A PROVNICK EXECUTIVE COMMITTEE | 2 00 | X | | | | | | 0 | 0 | 0 |
| MARILYN W RYAN EXECUTIVE COMMITTEE | 2 00 | X | | | | | | 0 | 0 | 0 |
| KAREN M BERRY EXECUTIVE COMMITTEE | 2 00 | X | | | | | | 0 | 0 | 0 |
| JOYCE POWELL EXECUTIVE COMMITTEE | 2 00 | X | | | | | | 3,040 | 0 | 0 |
| WENDELL F STEINHAUER PRESIDENT | 40 00 | | | X | | | | 245,948 | 0 | 208,421 |
| MARIE E BLISTAN VICE PRESIDENT | 40 00 | | | X | | | | 212,510 | 0 | 145,057 |
| SEAN M SPILLER SECRETARY-TREASURER | 40 00 | | | X | | | | 73,159 | 0 | 42,440 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted 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 | Former | | | |
| BARBARA A KESHISHIAN IMMEDIATE PAST PRESIDENT | 40 00 | | | X | | | | 331,596 | 0 | 67,974 |
| TIMOTHY MCGUCKIN BUSINESS DIRECTOR | 40 00 | | | | X | | | 247,498 | 0 | 220,277 |
| RICH GRAY ASST EXECUTIVE DIRECTOR | 40 00 | | | | | X | | 331,913 | 0 | 389,226 |
| GINGER GOLD SCHNITZER DIRECTOR, GOVERNMENT RELAT | 40 00 | | | | | X | | 239,752 | 0 | 281,841 |
| ZELLA FELZENBERG ASSISTANT DIRECTOR, UNISER | 40 00 | | | | | X | | 273,310 | 0 | 385,007 |
| BRUCE IONNO MANAGER INFORMATION SYSTEM | 40 00 | | | | | X | | 385,396 | 0 | 432,716 |
| STEVE WOLLMER COMMUNICATIONS DIRECTOR | 40 00 | | | | | X | | 250,426 | 0 | 153,400 |

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2013

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
See separate instructions. Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

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

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
Section 527 organizations Complete Part I-A only

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization NEW JERSEY EDUCATION ASSOCIATION

Employer identification number

21-0524390

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures \$
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received. Row 1: NEW JERSEY EDUCATION ASSOCIATION POLITICAL ACTION COMMITTEE, 180 WEST STATE STREET TRENTON, NJ 08607, 22-2911965, 978,152

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------|--------------------|------------------------------|-----------------------------------------|-------------------------------------------------|-------------------------------------------|---------------------------------------------------|--------------------------------------------|--------------------------------------------------|-------------------|-------------|--|--|
| 1a | Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both columns | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000 | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | | | | | | | | | | |
| j | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | |

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

| Calendar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) Total |
|------------------------------------------------------------------|----------|----------|----------|----------|-----------|
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| | (a) | | (b) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| | Yes | No | Amount |
| <i>For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i> | | | |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| a Volunteers? | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | |
| c Media advertisements? | | | |
| d Mailings to members, legislators, or the public? | | | |
| e Publications, or published or broadcast statements? | | | |
| f Grants to other organizations for lobbying purposes? | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | |
| i Other activities? | | | |
| j Total. Add lines 1c through 1i | | | |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | Yes | No |
|------------------------------------------------------------------------------------------------------------|--------------|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | 1 Yes | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 Yes | |
| 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? | 3 | No |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| 1 Dues, assessments and similar amounts from members | 1 | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| a Current year | 2a | |
| b Carryover from last year | 2b | |
| c Total | 2c | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

| Return Reference | Explanation |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART I-A, LINE 1 | NJEA PASSES THROUGH, IN A TIMELY MANNER, THE VOLUNTARY POLITICAL CONTRIBUTIONS RECEIVED FROM MEMBERS TO THE NEW JERSEY EDUCATION ASSOCIATION POLITICAL ACTION COMMITTEE |
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Part IV Supplemental Information (continued)

| Return Reference | Explanation |
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

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

Attach to Form 990. See separate instructions. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization NEW JERSEY EDUCATION ASSOCIATION

Employer identification number 21-0524390

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and questions about donor advised funds and grant purposes.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Year. Rows include Purpose(s) of conservation easements, Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06, and other details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include questions about reporting works of art, historical treasures, or other similar assets held for public exhibition, education, or research.

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" to 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

b If "Yes," explain the arrangement in Part XIII and complete the following table

Table with 2 columns: Description (1c-1f) and Amount

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include 1a-1g.

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 in 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

Table with 2 columns: Yes, No. Rows for 3a(i) unrelated organizations, 3a(ii) related organizations, and 3b.

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' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include 1a-1e and Total.

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' to 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 | | |
| Other | | |
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| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | | |

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' to 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 |
|--------------------------------------------------------------------------|----------------|-------------------------------------------------------------|
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| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) | | |

Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15

| (a) Description | (b) Book value |
|--------------------------------------------------------------------------|----------------|
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| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) | |

Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1 (a) Description of liability | (b) Book value |
|--------------------------------------------------------------------------|----------------|
| Federal income taxes | |
| ACCRUED VACATION & SICK PAY | 5,545,871 |
| DEFERRED COMPENSATION | 286,445 |
| ACCRUED POSTRETIREMENT BENEFITS | 113,164,682 |
| ACCRUED PENSION COST | 35,098,630 |
| DUE TO NJEA HEALTH AND WELFARE BENEFITS PLAN | 91,568 |
| | |
| | |
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| | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | 154,187,196 |

2. 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' to Form 990, Part IV, line 12a.

| | | | |
|----------|---------------------------------------------------------------------------------------------------------|-----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 134,277,283 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains on investments | 2a | 4,968,066 |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII) | 2d | |
| e | Add lines 2a through 2d | 2e | 4,968,066 |
| 3 | Subtract line 2e from line 1 | 3 | 129,309,217 |
| 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 | 4a | 331,513 |
| b | Other (Describe in Part XIII) | 4b | 7,000 |
| c | Add lines 4a and 4b | 4c | 338,513 |
| 5 | Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12) | 5 | 129,647,730 |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

| | | | |
|----------|----------------------------------------------------------------------------------------------------------|-----------|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 128,173,646 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII) | 2d | |
| e | Add lines 2a through 2d | 2e | 0 |
| 3 | Subtract line 2e from line 1 | 3 | 128,173,646 |
| 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 | 4a | 331,513 |
| b | Other (Describe in Part XIII) | 4b | 7,000 |
| c | Add lines 4a and 4b | 4c | 338,513 |
| 5 | Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18) | 5 | 128,512,159 |

Part XIII Supplemental Information

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

| Return Reference | Explanation |
|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART V, LINE 4 | THE FOUNDATION WAS ORGANIZED EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL PURPOSES, TO ADVANCE AND IMPROVE THE QUALITY OF EDUCATION AND THE TEACHING PROFESSION IN NEW JERSEY THROUGH THE STUDY, CREATION AND FUNDING OF INNOVATIVE PROGRAMS OR PROJECTS WHICH WILL FURTHER EDUCATIONAL AND INSTRUCTIONAL EXCELLENCE |
| PART X, LINE 2 | MANAGEMENT EVALUATED NJEA'S TAX POSITIONS AND CONCLUDED THAT NJEA HAD MAINTAINED ITS TAX EXEMPT STATUS AND HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS AT THE PRESENT TIME, NJEA IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY U S FEDERAL, STATE, OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2010 |
| PART XI, LINE 4B - OTHER ADJUSTMENTS | GAIN ON DISPOSAL OF FIXED ASSETS 7,000 |
| PART XII, LINE 4B - OTHER ADJUSTMENTS | GAIN ON DISPOSAL OF FIXED ASSETS 7,000 |
| | |
| | |

Schedule I (Form 990)

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

OMB No 1545-0047

2013

Open to Public Inspection

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

Attach to Form 990

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

Department of the Treasury Internal Revenue Service

Name of the organization NEW JERSEY EDUCATION ASSOCIATION

Employer identification number

21-0524390

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?
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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1: See Additional Data Table.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 40
3 Enter total number of other organizations listed in the line 1 table 9

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|----------------------------------------|---------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|
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Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

| Return Reference | Explanation |
|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART I, LINE 2 | ALL GRANTS/DONATIONS ARE APPROVED BY THE NJEA EXECUTIVE COMMITTEE ORGANIZATION RECEIVING DONATIONS SUBMIT REPORTS BACK TO NJEA DESCRIBING HOW GRANTS/DONATIONS ARE BEING USED |

Additional Data

Software ID:
Software Version:
EIN: 21-0524390
Name: NEW JERSEY EDUCATION ASSOCIATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----------------------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| NJ CENTER FOR TEACHING AND LEARNING 115 FRANKLIN TURNPIKE 203 MAHWAH, NJ 07430 | 77-0667571 | 501(C)(3) | 750,000 | | | | FINANCIAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| AFRICAN AMERICAN HERITAGE PARADE PO BOX 1104 NEWARK, NJ 07101 | | N/A | 75,000 | | | | FINANCIAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--------------------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| BOYS & GIRLS CLUB GLOUCESTER COUNTY INC 2 CENTER STREET GLASSBORO, NJ 08028 | 54-2075655 | 501(C)(3) | 5,000 | | | | FINANCIAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-------------------------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| KOMEN BREAST CANCER FOUNDATION TWO PRINCESS ROAD SUITE D LAWRENCEVILLE, NJ 08648 | 43-2052349 | 501(C)(3) | 20,000 | | | | FINANCIAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| FREDERICK L HIPP FOUNDATION INC 180 WEST STATE STREET TRENTON, NJ 08607 | 22-3277861 | 501(C)(3) | 50,000 | | | | FINANCIAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| NJ STATE CONF OF THE NAACP PO BOX 1706 MONTCLAIR, NJ 07042 | 22-6095670 | 501(C)(3) | 10,750 | | | | FINANCIAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| NJ BLACK ISSUES CONVENTION INC PO BOX 1843 NEWARK, NJ 07101 | 22-2532996 | 501(C)(3) | 12,500 | | | | FINANCIAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| NJ COMMISSION FOR HOLOCAUST EDUCATION PO BOX 500 TRENTON, NJ 08625 | | GOVERNMENTAL AGENCY | 50,000 | | | | FINANCIAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---------------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| NATIONAL BLACK UNITED FUND INC 40 CLINTON STREET 5TH FLR NEWARK, NJ 07102 | 95-2970559 | 501(C)(3) | 5,000 | | | | FINANCIAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--------------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| THE LATINO INSTITUTE INC 50 PARK PLACE SUITE 1539 NEWARK, NJ 07102 | 20-1516874 | 501(C)(3) | 200,000 | | | | FINANCIAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| BOYS & GIRLS CLUB OF CAMDEN COUNTY INC 1709 PARK BLVD CAMDEN, NJ 08103 | 22-3670025 | 501(C)(3) | 30,000 | | | | FINANCIAL SUPPORT FOR RA GIVEAWAY PLEDGE |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| NJ HALL OF FAME (TICKETS) 4 RIDGE RD LEBANON, NJ 08833 | 22-3291935 | 501(C)(3) | 35,000 | | | | FINANCIAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--------------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| CELEBRATE NEW JERSEY 120 FINDERNE AVENUE STE 10 BRIDGEWATER, NJ 08807 | 30-0383808 | 501(C)(3) | 20,000 | | | | FINANCIAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| BOYS & GIRLS CLUB OF NJ 822 CLIFTON AVE CLIFTON, NJ 07012 | 22-1589377 | 501(C)(3) | 15,000 | | | | FINANCIAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| GLSEN INC 247 CENTRE ST 7TH FLR NEW YORK, NY 10013 | 04-3234202 | 501(C)(3) | 15,000 | | | | FINANCIAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| BOYS & GIRLS CLUB OF PATERSON AND PASSAIC INC 264 21ST AVENUE PATERSON, NJ 07501 | 22-1726665 | 501(C)(3) | 30,000 | | | | FINANCIAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------------------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| NJASECD (EIRC FOUNDATION) 107 GILBRETH PKWY SUITE 200 MULLICA HILL, NJ 08062 | 23-3829911 | 501(C)(3) | 5,000 | | | | FINANCIAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| THE NEA FOUNDATION 1201 16TH ST NW STE 416 WASHINGTON, DC 20036 | 23-7035089 | 501(C)(3) | 12,500 | | | | FINANCIAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------------------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| NJ WORK ENVIRONMENT COUNCIL (SPONSOR) 142 W STATE ST STE 3 TRENTON, NJ 08608 | 22-2751863 | 501(C)(3) | 45,400 | | | | FINANCIAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| DARE NEW JERSEY INC 292 PROSPECT PLAINS RD CRANBURY, NJ 08512 | 22-3067748 | 501(C)(3) | 15,000 | | | | FINANCIAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--------------------------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| BOYS & GIRLS CLUB OF TRENTON & MERCER COUNTY INC 212 CENTRE STREET TRENTON, NJ 08611 | 21-0634556 | 501(C)(3) | 30,000 | | | | FINANCIAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------------------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| CONSERVE WILDLIFE FOUND OF NJ 501 EAST STATE ST PO BOX 400 TRENTON, NJ 08625 | 22-3130406 | 501(C)(3) | 5,000 | | | | FINANCIAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-------------------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| BRAIN INJURY ALLIANCE OF NJ INC 825 GEORGES ROAD NORTH BRUNSWICK, NJ 08902 | 22-2431796 | 501(C)(3) | 17,850 | | | | FINANCIAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----------------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| NATIONAL EDUCATION ASSOCIATION 1201 16TH ST NW STE 416 WASHINGTON, DC 20036 | 53-0115260 | 501(C)(5) | 5,000 | | | | FINANCIAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| COLORADO EDUCATION ASSOCIATION 1500 GRANT STREET DENVER, CO 80203 | 84-0172608 | 501(C)(5) | 10,000 | | | | FINANCIAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| CENTER FOR HOLOCAUST HUMAN RIGHTS & GENOCIDE EDUCATION INC 765 NEWMAN SPRINGS ROAD LINCROFT, NJ 07738 | 46-1050829 | 501(C)(3) | 5,000 | | | | FINANCIAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| NJ CITIZEN ACTION EDUCATION FUND 744 BROAD STREET NEWARK, NJ 07102 | 22-2493628 | 501(C)(3) | 5,000 | | | | FINANCIAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---------------------------------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| NJ COALITION FOR INCLUSIVE ED 9H AUER CT WILLIAMSBURG OFFICE EAST BRUNSWICK, NJ 08816 | 22-3389917 | 501(C)(3) | 5,000 | | | | FINANCIAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| WORKING FAMILIES UNITED FOR NJ 59 GARFIELD AVENUE BRIDGETON, NJ 08302 | 90-0661677 | 501(C)(4) | 10,000 | | | | FINANCIAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| EAGLETON INSTITUTE OF POLITICS (RUTGERS UNIVERSITY FOUNDATION) 191 RYDERS LANE NEW BRUNSWICK, NJ 08901 | 23-7318742 | 501(C)(3) | 5,000 | | | | FINANCIAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| THE GI GO FUND PO BOX 1777 NEW BRUNSWICK, NJ 08903 | 20-4990937 | 501(C)(3) | 5,000 | | | | FINANCIAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| DRUMTHWACKET FOUNDATION INC 354 STOCKTON ST PRINCETON, NJ 08540 | 22-2429563 | 501(C)(3) | 5,000 | | | | FINANCIAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| GARDEN STATE FORWARD 180 WEST STATE STREET TRENTON, NJ 08607 | 46-2383979 | N/A | 9,298,172 | | | | ORGANIZATIONAL CONTRIBUTION |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| EDUCATION LAW CENTER 60 PARK PLACE SUITE 300 NEWARK, NJ 07102 | 22-2014555 | 501(C)(3) | 553,500 | | | | FINANCIAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| THE COLLEGE OF NEW JERSEY FOUNDATION INC PO BOX 7718 EWING, NJ 08628 | 22-2448189 | 501(C)(3) | 215,000 | | | | FINANCIAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------------------------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| NATIONAL CENTER FOR FAIR AND OPEN TESTING 251 PHILLIP STREET JERSEY CITY, NJ 07305 | 22-2653502 | 501(C)(3) | 5,000 | | | | FINANCIAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--------------------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| NATIONAL TEACHERS HALL OF FAME 1200 COMMERCIAL CAMPUS BOX 40 EMPORIA, KS 66801 | 48-1085948 | 501(C)(3) | 5,000 | | | | FINANCIAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| NEW JERSEY CITIZEN ACTION 744 BROAD STREET NEWARK, NJ 07102 | 22-2395222 | 501(C)(4) | 5,000 | | | | FINANCIAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------------------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| NEW JERSEY CITY UNIVERSITY 2039 KENNEDY BLVD STE 112-D JERSEY CITY, NJ 07305 | 23-7261698 | 501(C)(3) | 15,000 | | | | FINANCIAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| NEW JERSEY PTA 8 QUAKERBRIDGE PLAZA STE F MERCERVILLE, NJ 08619 | 23-7210248 | 501(C)(3) | 7,500 | | | | FINANCIAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--------------------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| NJ CHAMBER OF COMMERCE FOUNDATION 216 W STATE STREET 3RD FLR TRENTON, NJ 08608 | 22-3490986 | 501(C)(3) | 15,000 | | | | FINANCIAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| NJ STATE FMBA FOUNDATION 1447 CAMPBELL ST RAHWAY, NJ 07065 | 22-3596208 | 501(C)(3) | 5,000 | | | | FINANCIAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| RUTGERS UNIVERSITY FOUNDATION 7 COLLEGE AVENUE WINANTS HALL NEW BRUNSWICK, NJ 08901 | 23-7318742 | 501(C)(3) | 119,100 | | | | FINANCIAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| PROJECT RE-DIRECT YOUTH & FAMILY PO BOX 3223 NEWARK, NJ 07102 | 22-3465029 | 501(C)(3) | 5,000 | | | | FINANCIAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------------------------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| SOCIETY FOR PREVENTION OF TEEN SUICIDE INC 111 WEST MAIN STREET FREEHOLD, NJ 07728 | 06-1738917 | 501(C)(3) | 5,000 | | | | FINANCIAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-------------------------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| STATEWIDE EDUCATION ORGANIZING COMMITTEE INC 601 N CLINTON AVENUE TRENTON, NJ 08638 | 55-0901525 | 501(C)(3) | 50,000 | | | | FINANCIAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| STOP THE PRIVATIZATION OF NJ TURNPIKE | | N/A | 5,000 | | | | FINANCIAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| TEQUIPMENT INC 7 NORDEN LANE HUNTINGTON STATION, NY 11746 | 11-2266592 | N/A | 25,000 | | | | PROFESSIONAL DEVELOPMENT SYSTEMS |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| NJ POLICY PERSPECTIVE INC 137 WHANOVER STREET TRENTON, NJ 08618 | 22-3492715 | 501(C)(3) | 125,000 | | | | FINANCIAL SUPPORT |

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2013

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
NEW JERSEY EDUCATION ASSOCIATION

Employer identification number

21-0524390

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input checked="" type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

- | | |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?
- b** Any related organization?
- If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization?
- b** Any related organization?
- If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----|
| 1b | Yes | |
| 2 | Yes | |
| 4a | Yes | |
| 4b | | No |
| 4c | | No |
| 5a | | |
| 5b | | |
| 6a | | |
| 6b | | |
| 7 | | |
| 8 | | |
| 9 | | |

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

| (A) Name and Title | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|---------------------------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|---------------------------------------------------------|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| See Additional Data Table | | | | | | | |

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

| Return Reference | Explanation |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART I, LINE 1A | AS PART OF THEIR COMPENSATION ARRANGEMENTS THE OFFICERS OF NJEA RECEIVE THE FOLLOWING ALLOWNACES ALL THREE OFFICERS RECEIVE A \$1,000 CLOTHING ALLOWANCE THE NJEA PRESIDENT RECEIVES \$2,000 FOR COMPANION TRAVEL, THE NJEA VICE PRESIDENT AND SECRETARY-TREASURER EACH RECEIVE \$1,000 FOR COMPANION TRAVEL |

Additional Data

Software ID:
Software Version:
EIN: 21-0524390
Name: NEW JERSEY EDUCATION ASSOCIATION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| (A) Name | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|-----------------------------------------------------|-------------|----------------------------------------------------|-------------------------------------|--------------------------|---------------------------|-------------------------|---------------------------------|------------------------------------------------------------|
| | | (i) Base Compensation | (ii) Bonus & Incentive compensation | (iii) Other compensation | | | | |
| EDWARD J RICHARDSON EXECUTIVE DIRECTOR | (i) (ii) | 233,688 0 | 0 0 | 0 0 | 438,036 0 | 32,203 0 | 703,927 0 | 0 0 |
| VINCENT E GIORDANO PAST EXECUTIVE DIRECTOR | (i) (ii) | 491,879 0 | 0 0 | 0 0 | 376,483 0 | 30,700 0 | 899,062 0 | 0 0 |
| WENDELL F STEINHAUER PRESIDENT | (i) (ii) | 245,948 0 | 0 0 | 0 0 | 176,218 0 | 32,203 0 | 454,369 0 | 0 0 |
| MARIE E BLISTAN VICE PRESIDENT | (i) (ii) | 212,510 0 | 0 0 | 0 0 | 112,854 0 | 32,203 0 | 357,567 0 | 0 0 |
| BARBARA A KESHISHIAN IMMEDIATE PAST PRESIDENT | (i) (ii) | 331,596 0 | 0 0 | 0 0 | 59,809 0 | 8,165 0 | 399,570 0 | 0 0 |
| TIMOTHY MCGUCKIN BUSINESS DIRECTOR | (i) (ii) | 247,498 0 | 0 0 | 0 0 | 192,450 0 | 27,827 0 | 467,775 0 | 0 0 |
| RICH GRAY ASST EXECUTIVE DIRECTOR | (i) (ii) | 331,913 0 | 0 0 | 0 0 | 358,526 0 | 30,700 0 | 721,139 0 | 0 0 |
| GINGER GOLD SCHNITZER DIRECTOR, GOVERNMENT RELAT | (i) (ii) | 239,752 0 | 0 0 | 0 0 | 248,457 0 | 33,384 0 | 521,593 0 | 0 0 |
| ZELLA FELZENBERG ASSISTANT DIRECTOR, UNISER | (i) (ii) | 273,310 0 | 0 0 | 0 0 | 351,623 0 | 33,384 0 | 658,317 0 | 0 0 |
| BRUCE IONNO MANAGER INFORMATION SYSTEM | (i) (ii) | 385,396 0 | 0 0 | 0 0 | 399,332 0 | 33,384 0 | 818,112 0 | 0 0 |
| STEVE WOLLMER COMMUNICATIONS DIRECTOR | (i) (ii) | 250,426 0 | 0 0 | 0 0 | 131,506 0 | 21,894 0 | 403,826 0 | 0 0 |

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

2013

Open to Public Inspection

Name of the organization
NEW JERSEY EDUCATION ASSOCIATION

Employer identification number

21-0524390

| Return Reference | Explanation |
|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART VI, SECTION A, LINE 6 | NEW JERSEY EDUCATION ASSOCIATION (NJEA) IS A MEMBERSHIP ORGANIZATION. MEMBERSHIP TO NJEA IS DESCRIBED IN ARTICLE III OF ITS CONSTITUTION WHICH IS AVAILABLE UPON REQUEST. |

| Return Reference | Explanation |
|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART VI, SECTION A, LINE 7A | THE ELECTION OF NEW JERSEY EDUCATION ASSOCIATION'S OFFICERS IS DESCRIBED IN ARTICLE VII OF ITS CONSTITUTION WHICH IS AVAILABLE UPON REQUEST |

| Return Reference | Explanation |
|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART VI, SECTION A, LINE 7B | ACCORDING TO ARTICLE XIV OF NJEA'S CONSTITUTION AMENDMENTS TO NEW JERSEY EDUCATION ASSOCIATION'S CONSTITUTION MAY BE PROPOSED FOR CONSIDERATION BY A MAJORITY VOTE OF THE DELEGATE ASSEMBLY, OR MAY BE PROPOSED BY A PETITION SIGNED BY NOT LESS THAN 500 ACTIVE MEMBERS OF THE ASSOCIATION AMENDMENTS SO PROPOSED SHALL BE PUBLISHED IN FULL IN THE OFFICIAL PUBLICATION OF THE ASSOCIATION AND SHALL THEN BE SUBMITTED BY BALLOT TO THE ACTIVE MEMBERS OF THE ASSOCIATION UNDER THE PROVISIONS GOVERNING THE ELECTION OF OFFICERS VOTING ON AMENDMENTS MAY TAKE PLACE REGARDLESS OF WHETHER THE ELECTION OF OFFICERS IS ALSO TAKING PLACE A TWO-THIRDS VOTE OF ALL BALLOTS CAST ON THE AMENDMENT SHALL BE NECESSARY FOR ITS ADOPTION AMENDMENT TO NJEA'S BY-LAWS MUST BE APPROVED BY A MAJORITY VOTE OF THE EXECUTIVE COMMITTEE OR AT MAJORITY VOTE OF THE DELEGATE ASSEMBLY AMENDMENTS SO PROPOSED SHALL BE SUBMITTED TO THE CONSTITUTION REVIEW COMMITTEE FOR REVIEW AND RECOMMENDATION AND SHALL BE PUBLISHED IN THE OFFICIAL PUBLICATION OF NJEA A THREE-FOURTHS VOTE OF ALL MEMBERS OF THE DELEGATE ASSEMBLY SHALL THEN BE NECESSARY FOR ADOPTION OF SUCH AMENDMENTS |

| Return Reference | Explanation |
|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART VI, SECTION B, LINE 11 | NEW JERSEY EDUCATION ASSOCIATION'S FORM 990 IS PREPARED BY ITS INDEPENDENT ACCOUNTANT. THE RETURN IS THEN REVIEWED BY NJEA'S OFFICERS AND GOVERNING BODY. |

| Return Reference | Explanation |
|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART VI, SECTION B, LINE 12C | THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY FOR NJEA OFFICIALS. NO NJEA OFFICIAL SHALL, DIRECTLY OR INDIRECTLY, HAVE ANY INTEREST OR RELATIONSHIP, TAKE ANY ACTION OR ENGAGE IN ANY TRANSACTION, OR INCUR ANY OBLIGATION WHICH IS IN CONFLICT WITH, OR GIVES THE APPEARANCE OF A CONFLICT WITH, THE PROPER AND FAITHFUL PERFORMANCE OF HIS OR HER NJEA RESPONSIBILITIES. A COPY OF THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO ALL NJEA OFFICIALS, ALL CANDIDATES FOR NJEA OFFICE, AND ALL PERSONS WHO BECOME MEMBERS OF NJEA COMMITTEES OR ARE OTHERWISE DESIGNATED TO REPRESENT NJEA EACH YEAR. A REVIEW OF THE POLICY AND ITS RELATED PROCEDURES ARE REVIEWED AND PRESENTED ANNUALLY. THE CURRENT NJEA STAFF CONTRACTS INCLUDES A CONFLICT OF INTEREST SECTION, SPECIFICALLY AVOIDANCE OF CONFLICT OF INTEREST (MONITORED ANNUALLY). NO NJEA EMPLOYEE SHALL ACCEPT IN ANY FORM OR BY ANY MEANS ANYTHING OF VALUE WHICH HE/SHE KNOWS OR HAS REASON TO BELIEVE IS OFFERED TO HIM/HER WITH THE INTENT TO INFLUENCE HIM/HER IN THE PERFORMANCE OF HIS/HER NJEA DUTIES AND RESPONSIBILITIES. |

| Return Reference | Explanation |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART VI, SECTION B, LINE 15 | EXECUTIVE DIRECTOR, MANAGEMENT AND KEY EMPLOYEE COMPENSATION THE ORGANIZATION COLLECTED COMPARATIVE DATA FROM SIMILAR STATE ASSOCIATIONS TO SET ITS EXECUTIVE DIRECTOR, MANAGEMENT AND KEY EMPLOYEE COMPENSATIONS SCHEDULES THE SCHEDULES WERE PRESENTED AND APPROVED BY ITS GOVERNING BODY (OR EXECUTIVE COMMITTEE) OFFICERS' COMPENSATION THE OFFICERS' COMPENSATION IS CALCULATED BASED ON A FORMULA USING MEMBERS' SALARIES AND AVERAGE ANNUAL INCREASES THIS FORMULA IS APPROVED BY THE MEMBERS OF THE ORGANIZATION'S DELEGATE ASSEMBLY |

Return Reference**Explanation**

FORM 990, PART VI, SECTION
C, LINE 19

NEW JERSEY EDUCATION ASSOCIATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL
STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

| Return Reference | Explanation |
|---------------------------|-----------------------------------------------------|
| FORM 990, PART XI, LINE 9 | FASB ASC 715 OTHER COMPREHENSIVE INCOME -35,698,623 |

| Return Reference | Explanation |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART XII, LINE 2C | NEW JERSEY EDUCATION ASSOCIATION'S (NJEA) GOVERNING BODY IS RESPONSIBLE FOR OVERSEEING THE FINANCIAL STATEMENT AUDIT AND SELECTION OF THE INDEPENDENT ACCOUNTANT THAT PERFORMS THE AUDIT NJEA'S FINANCIAL STATEMENTS ARE PREPARED ON A CONSOLIDATED BASIS |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2013

**Open to Public
Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
NEW JERSEY EDUCATION ASSOCIATION

Employer identification number

21-0524390

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 |
|---------------------------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
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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? | |
|-------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|----------------------------------------------|----|
| | | | | | | Yes | No |
| See Additional Data Table | | | | | | | |
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Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|----------------------------------------------------------|-------------------------|--------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------|-----------------------------------------|----|----------------------------------------------------------------------------|-------------------------------------------|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end- of-year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
|----------------------------------------------------------|-------------------------|-----------------------------------------------------------|-------------------------------------|-----------------------------------------------------------|---------------------------------|-------------------------------------------|--------------------------------|--------------------------------------------------------|----|
| | | | | | | | | Yes | No |
| | | | | | | | | | |
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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?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- 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)

| | Yes | No |
|-----------|-----|----|
| | | |
| 1a | | No |
| 1b | Yes | |
| 1c | Yes | |
| 1d | | No |
| 1e | | No |
| 1f | | No |
| 1g | | No |
| 1h | | No |
| 1i | | No |
| 1j | | No |
| 1k | | No |
| 1l | | No |
| 1m | | No |
| 1n | | No |
| 1o | | No |
| 1p | | No |
| 1q | | No |
| 1r | Yes | |
| 1s | | No |

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 |
|--------------------------------------------|-------------------------------|------------------------|----------------------------------------------|
| (1) NJEA POLITICAL ACTION COMMITTEE | R | 978,152 | CASH |
| (2) FEDERICK L HIPPI FOUNDATION | B | 50,000 | CASH |
| (3) NJEA MEMBER BENEFIT FUND | C | 33,000 | CASH |
| | | | |
| | | | |
| | | | |

Part VII Supplemental Information

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

Return Reference**Explanation**

Additional Data

Software ID:
Software Version:
EIN: 21-0524390
Name: NEW JERSEY EDUCATION ASSOCIATION

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

| (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? | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------------------------|----------------------------|--------------------------------------------------------|----------------------------------|----------------------------------------------|----|
| | | | | | | Yes | No |
| (1) NEW JERSEY EDUCATION ASSOCIATION HEALTH AND WELFARE BENEFITS TRUST 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 91-2003765 | HEALTH AND WELFARE BENEFITS | NJ | 501(C)(9) | | | | No |
| (1) PAUL DIMITRIADIS RIGHTS FUND 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 22-2306050 | LABOR ORGANIZATION | NJ | 501(C)(5) | | | | No |
| (2) NJEA BOLIVAR GRAHAM INTERN FUND 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 22-2165927 | CHARITABLE ORGANIZATION | NJ | 501(C)(3) | 509(A)(3) | | | No |
| (3) NJEA EMPLOYEES' RETIREMENT TRUST FUND 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 21-0524390 | PENSION FUND | NJ | 401(A)/501(A) | | | | No |
| (4) NJEA SUPPLEMENTAL SAVINGS PLAN 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 21-0524390 | PENSION FUND | NJ | 401(A)/501(A) | | | | No |
| (5) NJEA POLITICAL ACTION COMMITTEE 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 22-2911965 | POLITICAL ACTION COMMITTEE | NJ | SECTION 527 | | | | No |
| (6) FEDERICK L HIPPI FOUNDATION 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 22-3277861 | CHARITABLE ORGANIZATION | NJ | 501(C)(3) | 170(B)(1)(A)(VI) | | | No |
| (7) NJEA MEMBER BENEFIT FUND 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 13-4270499 | WELFARE BENEFIT FUND | NJ | 501(C)(9) | | | | No |
| (8) GARDEN STATE FORWARD 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 46-2383979 | POLITICAL ACTION COMMITTEE | NJ | SECTION 527 | | | | No |