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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

Open to Public

			l				
			nlendar year, or tax year beginning 09-01-2 C Name of organization	011 and ending 08-31-20	12	D Employer i	dentification number
		pplicable	NEW JERSEY EDUCATION ASSOCIATION				
_	dress ch	_	Doing Business As			21-05243 E Telephone	
Na	me chai	nge					
Inr	tıal retu	rn	Number and street (or P O box if mail is not del	vered to street address) Room/s	suite	(609) 599	ts \$ 131,781,761
Te	rmınate	d	180 W STATE STREET PO BOX 1211			G Gloss receip	15 \$ 131,761,761
_ Am	nended	return	City or town, state or country, and ZIP + 4	L			
⊢ _{Ap}	plication	pending	TRENTON, NJ 086071211				
			F Name and address of principal offic	er	H(a) Ic th	I is a group reti	ırn for
			BARBARA KESHISHIAN		affilia		⊤Yes ▽ No
			180 W STATE STREET PO BOX 1211 TRENTON,NJ 086071211				
			TREMTON, 113 000071211			ll affiliates inclu	
T Ta	ıx-exem	pt status	501(c)(3)	☐ 4947(a)(1) or ☐ 527		o," attach a lis ip exemption i	st (see instructions)
7 34	/ - la - i + -	· • \ \	/W NJEA ORG			ip exemption i	Tullibel F
					<u> </u>		
			Corporation Trust Association Other	-	L Year of fo	mation 1853	M State of legal domicile NJ
Pa	rt I	Sum	mary				
Governance	E	THIS AS EDUCA TRUE PO	escribe the organization's mission or most SSOCIATION IS ESTABLISHED TO PROPE TO PROPE ALL STUDE OF ALL STUDE OSITION AMONG THE PROFESSIONS, TO MENT CATEGORIES ELIGIBLE FOR MENT CATEGORIES ELIGIBLE FOR MENT CATEGORIES ELIGIBLE FOR MENT CATEGORIES	MOTE THE EDUCATION I NTS, TO SECURE AND MA O PROMOTE AND GUARE	AINTAIN FOR	THE OFFICE	OF TEACHING ITS
3	[
ن ر	2 (Check tl	nis box দ if the organization discontinued	l its operations or disposed	of more than 2	5% of its net	assets
Activities &	ι ε	Number	of voting members of the governing body (F	Part VI, line 1a)	•	3	38
Ħ	4 1	Number	of independent voting members of the gove	rning body (Part VI, line 11	o)	. 4	6
ŧ	5 1	Total nu	mber of ındıvıduals employed ın calendar y	ear 2011 (Part V, line 2a)		5	1,043
∢	6	Total nu	mber of volunteers (estimate if necessary)			6	0
	7a 1	Total un	related business revenue from Part VIII, c	olumn (C), line 12		7a	294,400
	ь	Net unre	lated business taxable income from Form 9	990-T, line 34		7b	0
					Prio	r Year	Current Year
_	8	Contri	butions and grants (Part VIII, line 1h) .			6,327,411	6,253,731
Revenue	9	Progra	am service revenue (Part VIII, line 2g) .		. :	110,782,989	114,896,741
9	10	Inves	tment income (Part VIII, column (A), lines	3,4, and 7d)		1,924,723	2,669,203
ш	11		revenue (Part VIII, column (A), lines 5, 60			42,653	17,232
	12		revenue—add lines 8 through 11 (must equ	, , , , , , , , , , , , , , , , , , , ,		119,077,776	123,836,907
	13		s and similar amounts paid (Part IX, columi			774,182	1,626,384
	14		ts paid to or for members (Part IX, column	,		0	0
	15		es, other compensation, employee benefits				
\$		5-10		(62,185,322	58,095,023
Expenses	16a	Profes	sional fundraising fees (Part IX, column (A), line 11e)		0	0
ੜ	Ь	Total fu	ındraısıng expenses (Part IX, column (D), line 25) ►	0			
	17	Other	expenses (Part IX, column (A), lines 11a-	11d,11f-24e)		55,073,733	50,920,452
	18	Total	expenses Add lines 13–17 (must equal Pa	art IX, column (A), line 25)	:	118,033,237	110,641,859
	19	Reven	ue less expenses Subtract line 18 from lir	e 12		1,044,539	13,195,048
88						g of Current	End of Year
e de		T - 1 1	(David V. Joseph C.)			'ear	
Not Assets or Fund Balances	20		assets (Part X, line 16)			108,618,388	124,555,419
<u> </u>	21		liabilities (Part X, line 26)			147,339,893 -38,721,505	202,063,169 -77,507,750
	22 11 11		ssets or fund balances Subtract line 21 fro a ture Block	m line 20		-30,/21,505	-//,50/,/50
Unde know	r penal	ties of p	erjury, I declare that I have examined this retu of, it is true, correct, and complete. Declaration				
		****	**		20	013-06-28	
Sigr	1	I B	ature of officer			ate	
Her		MAR	IE BLISTAN SECRETARY-TREASURER				
			or print name and title				
		Prepare	rs k	Date	Check If		payer identification number
Paid		signatur		2013-06-28	self- employed •	(see instruction P00360279	ns)
	arer's	Firm's n	ame (or yours NOVAK FRANCELLA LLC		1 / 2		
	Only	ıf self-ei	mployed),	20		EIN ▶ 61-143	6956
	•	address,	, and ZIP + 4 ONE PRESIDENTIAL BLVD SUITE 3	ئ لا		Phone no	(610) 668-9400
		I	BALA CYNWYD PA 19004			1	,

May the IRS discuss this return with the preparer shown above? (see instructions)

01111	990 (2	011)						Page 4
Par				e Accomplishments use to any question in th				
1	Briefly	describe the orga	nızatıon's mıssıon					
HE NTE	MISSIC RESTS	ON OF THE NEW JE OF MEMBERS, AN	ERSEY EDUCATION D PROMOTE A QU	N ASSOCIATION IS TO ALITY SYSTEM OF PUE) ADVANCE AND BLIC EDUCATIO	PROTECT THE RIG N FOR ALL STUDEN	HTS, BENEFITS, ANI TS	D
2	the pri	or Form 990 or 990	0-EZ?	t program services durir	ng the year which	were not listed on	┌ Yes ┌ No	
	If "Yes	," describe these n	ew services on Sch	edule O				
3	service	es?	e conducting, or ma 		n how it conducts	, any program • • • • •	┌ Yes ┌ No	
4	Descri expens	be the organization ses Section 501(c	n's program service)(3) and 501(c)(4) (accomplishments for eac organizations and sectio oenses, and revenue, if a	n 4947(a)(1) trus	sts are required to rep		
4a	(Code) (Expenses \$	ıncludıng grai	•) (Revenue \$)	
	TO ASS	SIST ALL MEMBERS IN T	THE ECONOMIC, PROFES	SIONAL AND SOCIAL ADVANCE	EMENT OF THEIR CO	NDITION AND STATUS		
4b	(Code) (Expenses \$	ıncludıng grai	nts of \$) (Revenue \$)	
4 c	(Code) (Expenses \$	ıncludıng grai	nts of \$) (Revenue \$)	
4d	Other	r program services	(Describe in Sched	lule O)				
	(Expe	enses \$	ınclud	ling grants of \$) (F	Revenue \$)	
4e	Total	program service ex	rpenses ⊩ \$					

Checklist of Required Schedu

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I^{\bullet}	3	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? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	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? If "Yes," complete Schedule D, Part 1881	6		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? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," complete Schedule D, Part V	10	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	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? If "Yes," complete Schedule D, Part VII.	11b		Νo
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		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? If "Yes," complete Schedule D, Part IX.	11d		Νo
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	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)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		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? If "Yes," complete Schedule G, Part I	17		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</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	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? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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 owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section $512(b)(13)$?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2011)

,	,
Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check it Schedule O contains a response to any question in this Part V		•1	
			Yes	No
3	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 273			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	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		.,	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
)	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
	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 or securities account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
b	organization solicit any contributions that were not tax deductible?			
	were not tax deductible?	6b		
•	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
:	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7e		
F	contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	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?			
	Sponsoring organizations maintaining donor advised funds.	8		
3	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter Instruction face and control control to the section of t			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
_	facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
_	sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the aggregate amount of reserves on hand			
a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	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 to any question in this Part VI . . .

Se	ction A. Governing Body and Management			
			Yes	No
	Enterphenical Control of Control			
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	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?	2		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?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	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?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	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	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νo
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure	100		
17	List the States with which a copy of this Form 990 is required to be filed▶			
	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			

☐ O wn website ☐ A nother's website ☑ U pon request

- 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 See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 TIM MCGUCKIN

180 W STATE STREET PO BOX 1211

TRENTON,NJ 086071211

(609) 599-4561

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

Check this box if neither the or	ganization nor any re	lated o	rgan	ızatı	ons	compe	ensat	ted any current or fo	rmer officer, direc	tor, or trustee
(A) Name and Title	(B) A verage hours per week (describe	Average Position (do not check more than one box, unless person is both an officer and a director/trustee)				x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of othe compensation from the organization an
	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations
See Additional Data Table										
				\vdash			_			

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

	(A) Name and Title	(B) A verage hours per week (describe	mor unles ar	(C) (do not check nan one box, erson is both ficer and a or/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			
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		organiza	
See A	Addıtıonal Data Table											+		
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1 b	Sub-Total							F	•			ゴ		
d	Total from continuation sheets Total (add lines 1b and 1c) .							-		3,084,095		0		3,484,811
2														
	\$100,000 of reportable comper	isation from the	organiz	ation	12	. 0								
3	Did the organization list any foi on line 1a? <i>If</i> "Yes," complete Sc											3	Yes	No No
4	For any individual listed on line organization and related organiz	1a, is the sum o zations greater th	f report nan \$1!	able 50,00	com	pens If "Y	sation <i>es," co</i>	and omple	other co ete Schea	mpensatio Iule J for su	n from the <i>ch</i>			
5	Did any person listed on line 1a services rendered to the organiz									janızatıon (or individual for	5		No
	ection B. Independent Cor	tractors										<u>—</u>	•	
1	Complete this table for your five \$100,000 of compensation fror or within the organization's tax	highest comper n the organizatio												
		(A) me and business add	dress							Desc	(B) ription of services		(C Comper	
1730	MEDIA FIRM INC RHODE ISLAND AVENUE NW STE 4 HINGTON, DC 20036									CONSULTING	3		18	,499,181
ONE	ALI FAGELLA NOWAK KLEINBAUM & FREI RIVER FRONT PLAZA STE 320 ARK, NJ 07102									LEGAL SERV	ICES		1	,459,330
700 E	OFF & COHEN PA EAST GATE DRIVE SUITE 502 AUREL, NJ 08054									LEGAL SERV	ICES		1	,314,437
3 TO\ EAST	ON EAST BRUNSWICK WER CENTER BLVD BRUNSWICK, NJ 08816									HOTEL/CON	FERENCE		1	,105,714
300 E	CERI & PINCUS ESQS BROADACRES DRIVE SUITE 210 MFIELD, NJ 07003									LEGAL SERV	ICES			948,761
	Total number of independent con \$100,000 of compensation from			not lir	nite	d to	those	liste	d above) who recei	ved more than			

Form 9								Page 9
Part	/1111	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
ats and	1a	Federated cam	paigns 1a					
grain our	b	Membership du	ues 1b					
£, €	С	Fundraising ev	ents 1c					
<u>ਜੁੱਬ</u>	d		zations 1d					
ins, sim	e	Government grant			ļ			
Contributions, gifts, grants and other similar amounts	f g	sımılar amounts no Noncash contri	ibutions included in	6,253,731				
and	h	lines 1a-1f \$ _ Total. Add line:	s 1 a - 1 f	▶	6,253,731			
				Business Code				
Program Serwce Revenue	2a	MEMBERSHIP DUE	SS .	900099	113,163,580	113,163,580		
- Fe	ь	CONFERENCES		900099	700,469	700,469		
- Ce	С	CONVENTION		900099	600,704			600,704
Ē.	d	PUBLICATION INCO	OME	511190	294,400		294,400	
ج 3	e	ROYALTY INCOME		900099	137,588			137,588
⊡ Ba	f	All other progra	am service revenue					
Š	g	Total. Add line:	s 2a-2f	<u></u> ▶	114,896,741			
	3		come (ıncludıng dıvıden		, ,			
		and other sımıl	aramounts)	▶ [2,008,814			2,008,814
	4	Income from inves	stment of tax-exempt bond	proceeds 🕨				
	5	Royalties .						
	 	C	(ı) Real	(II) Personal				
	6a b	Gross rents Less rental						
		expenses Rental income						
	C	or (loss)						
	d	Net rental inco	me or (loss)	,				
	7a	Gross amount from sales of assets other than inventory	(1) Securities 8,459,243	(II) Other 146,000				
	ь	Less cost or other basis and sales expenses	7,840,505	104,349				
	C .	Gain or (loss)	618,738	41,651	660 200			660 200
	d 8a		ss) from fundraising	;▶	660,389			660,389
Other Revenue		events (not inc \$ of contributions						
Ŧ	b	Less direct ex	penses b					
Ò	С		(loss) from fundraising	events 🟲				
	9a		from gaming activities ne 19 a					
	ь		penses b					
	10a	Gross sales of returns and allo		ivities				
	ь	_	a oods sold b					
	С	Net income or Miscellaneous	(loss) from sales of inv	entory				
	11a	OTHER INCOM		900099	17,232			17,232
	Ь	OTHERINCUL	<u>'IL</u>					
	c			+				
	d	All other reven	ue					
	e	Total. Add lines		· · · ·	17 333			
	12	Total revenue.	See Instructions .	•	17,232 123,836,907	113,864,049	294,400	3,424,727

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) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX

1 6 11 2 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9b, and 10b of Part VIII. Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Genefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan contributions (include section 401(k) and section	Total expenses 1,626,384 4,045,791 26,623,702	Program service expenses	Management and general expenses	Fund raising expenses
2 G U U G S S S S S S S S S S S S S S S S	Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Genefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan contributions (include section 401(k) and section	4,045,791			
3 0 0 0 5 4 E 5 0 k	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages				
0 9 4 E 5 C k	organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan contributions (include section 401(k) and section				
5 (Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan contributions (include section 401(k) and section				
k	Rey employees				
	as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan contributions (include section 401(k) and section	26,623,702			
(Other salaries and wages Pension plan contributions (include section 401(k) and section	26,623,702			
	403(b) employer contributions)	17,142,622			
	Other employee benefits	8,305,964			
10 P	Payroll taxes	1,976,944			
	Fees for services (non-employees)				_
a M	Management				
b L	_egal	9,346,144			
c A	Accounting	104,100			
d L	_obbying				
e P	Professional fundraising <i>See Part IV, line 17</i>				
f I	nvestment management fees	276,704			
g	Other	1,449,043			
12 A	Advertising and promotion	6,704,820			
13 C	Office expenses	4,395,868			
14 I	nformation technology	1,529,684			
15 R	Royalties				
16 0	Occupancy	2,972,414			
17 T	Fravel	2,936,473			
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 (Conferences, conventions, and meetings	2,722,955			
20 I	interest				
21 P	Payments to affiliates	4,563,492			
22 D	Depreciation, depletion, and amortization	1,614,477			
23 I	insurance	195,927			
n	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of ine 25, column (A) amount, list line 24f expenses on Schedule O)				
a <u>T</u>	FRAINING PROG & SERV	6,340,901			
b 0	DRGANIZING EXPENSES	4,058,176			
c P	PUBLIC/GOVERNMENT RELAT	562,355			
d	COMMUNICATION EXPENSE	313,406			
e _					
f A	All other expenses	833,513			
25 T	Total functional expenses. Add lines 1 through 24f	110,641,859			
9	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				orm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 1 21,203,224 2 31.465.989 2 3 3 821.651 425.074 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 8 9 1,127,259 9 1,725,965 Prepaid expenses and deferred charges 10a 25,951,675 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 12,185,610 b Less accumulated depreciation 14,427,614 10c 13,766,065 70,977,490 11 77,109,026 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 61,150 15 63,300 15 108,618,388 16 124,555,419 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 5,711,826 17 5,727,344 17 Accounts payable and accrued expenses . 18 18 19 1,449,614 19 1,167,819 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 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 140,178,453 25 195,168,006 D 26 147,339,893 26 202,063,169 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. -38,721,505 27 27 -77,507,750 Unrestricted net assets 28 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 -38.721.505 33 -77.507.750 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 108.618.388 34 124,555,419

Pal	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		123,8	336,90
2	Total expenses (must equal Part IX, column (A), line 25)	2			541,859
3	Revenue less expenses Subtract line 2 from line 1	3		13,1	195,04
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		-38,7	721,50
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-51,9	981,29
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		-77,5	507,75
Pai	The contains a response to any question in this Part XII		•		
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? \cdot .		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t 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		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
	Separate basis Consolidated basis Both consolidated and separated basis				
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?		3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

DLN: 93493190002423

OMB No 1545-0047

Open to Public

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Political Campaign and Lobbying Activities

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

- ◆ 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, line 35c (Proxy Tax), then

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

	/ JERSEY EDUCATION ASSOCIATION 2	1-052439	90	cation numbe	
Par	I-A Complete if the organization is exempt under section 501(c) or is a se	ection 5	27 o	<u>rganizatio</u>	n
1	Provide a description of the organization's direct and indirect political campaign activities on beh in opposition to candidates for public office in Part IV	alfofor			
2	Political expenditures	►	\$		
3	Volunteer hours				
Par	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	Þ	\$		
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				
Par	I-C Complete if the organization is exempt under section 501(c) except s	ection 5	01(0	c)(3).	
1	Enter the amount directly expended by the filing organization for section 527 exempt function act	ıvıtıes 🕨	\$		
2	Enter the amount of the filing organization's funds contributed to other organizations for section 5 exempt funtion activities	27 ►	\$.		
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 1	7b ►	\$		
4	Did the filing organization file Form 1120-POL for this year?		, ,	┌ Yes	┌ No

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

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1) NEW JERSEY EDUCATION ASSOCIATION POLITICAL ACTION COMMITTEE	180 WEST STATE STREET TRENTON,NJ 08607	22-2911965		998,928

f Grassroots lobbying expenditures

(The term "expenditures" means amounts paid or incurred.) Lia 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 If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not 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 \$1,000,000 but not over \$1,000,000 \$1,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) 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? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)	ווטפ	edule C (F	01111 9 9 0 01 9 9 0 - EZ) 2 0 1 1					Page ∠
A Check If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member expenses, and share of excess lobbying expenditures) 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.) Organization Total Incurred (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures to influence a legislative body (direct lobbying)	Pa	rt II-A		n is exempt under	section 501(c)(3) and fi	iled Form 5768	(election
expenses, and share of excess lobbying expenditures) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures to influence public opinion (grass roots lobbying) Lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total obtaining purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000 but not over \$1,500,	١	Check		an affiliated group (and	lıst ın Part IV ea	ch affiliated gr	oup member's nam	e, address, EIN,
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures (add lines 1 aand 1b) Other exempt purpose expenditures (add lines 1 aand 1b) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line Le, column (a) or (b) is: If the amount on line Le, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S10,000,000 Over \$1,000,000 but not over \$1,000,000 S10,000,000 Fig. Soon over \$1,000,000 Fig. Soon ov			expenses, and share of excess lob	bying expenditures)		_	•	
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 f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S175,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S175,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S175,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S175,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S175,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$	3	Check	ıf the filing organization checked bo	ox A and "limited contro	ol" provisions app	ly	1	1
(The term "expenditures" means amounts paid or incurred.) Ital Total lobbying expenditures to influence public opinion (grass roots lobbying) b 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 If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1225,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but			Limits on Lobbying	Expenditures			(a) Filing	(b) Affiliated
Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S175,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S100,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 Over \$1,000,000 Over \$1,000,000 The lobbying nontaxable amount is: Not over \$500,000 Over \$1,000,000 Over \$1,000,00					l.)		Organization's Totals	Group Totals
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 If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,7000,000 Over \$1,000,000 but not over \$1,7000,000 S225,000 plus 15% of the excess over \$1,000,000 Over \$1,7000,000 Over \$1,7000,000 F17,000,000 S225,000 plus 5% of the excess over \$1,500,000 Over \$1,7000,000 F17,000,000 S1,000,000 F17,000,000 F17,000,		-			1 \		100013	1 ocars
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 If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 In the excess over \$1,000,000 F1,000,000 F1,000,0				· -				
d O ther exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000					ying)			
Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is:			,	b)				
f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$17,000,000 but not over \$1,7000,000 Over \$17,000,000 but not over \$17,000,000 S225,000 plus 10% of the excess over \$1,000,000 Over \$17,000,000 Over \$17,000,000 Over \$17,000,000 S225,000 plus 5% of the excess over \$1,000,000 Over \$17,000,000 Over \$17,000,000 S1,000,000 S1,000,0	d	Otherexe	empt purpose expenditures					
Columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$500,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,7000,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,000,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 Over \$1,500,000 S1,000,000	e	Total exe	mpt purpose expenditures (add lines 1	.c and 1d)				
Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,7000,000 Over \$1,500,000 but not over \$1,7000,000 Over \$1,500,000 but not over \$1,000,000 Over \$1,500,000 but not over \$1,000,000 S225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 S1,000,000 Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a If zero or less, enter -0- Subtract line 1f from line 1c If zero or less, enter -0- 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? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all 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) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying celling amount	f		nontaxable amount Enter the amount	from the following table	in both			
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 \$1,000,000 \$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 \$1,000,00		If the an	ount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Section \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 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 1ffrom 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? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all 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) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount		Not over \$5	500,000	20% of the amount on lii	ne 1e			
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 \$1,00		Over \$500,	000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	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? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all 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) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying celling amount		Over \$1,00	0,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$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 1ffrom 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? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all 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) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount		Over \$1,50	0,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	000		
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? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all 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) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount		Over \$17,0	00,000	\$1,000,000				
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? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all 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) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount								
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? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all 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) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount		Grassroo	ts nontaxable amount (enter 25% of li	ne 1f)				
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? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all 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) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount	h	Subtract	line 1a from line 1a If zero or less. en	ter -0 -				
Jection 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all 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) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying ceiling amount								
4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete al 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) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount					organization file	Form 4720 re	portina	
(Some organizations that made a section 501(h) election do not have to complete al 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) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount							F - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	┌ Yes ┌ No
Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2009 Lobbying non-taxable amount		(Sor	ne organizations that made a	section 501(h) el	ection do not	have to co		ne five
beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying non-taxable amount b Lobbying ceiling amount			Lobbying Exp	enditures During	4-Year Avera	ging Period	d	
b Lobbying ceiling amount				(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
	2a	Lobbyin	g non-taxable amount					
	b							
c Total lobbying expenditures	c	Total loi	obying expenditures					
d Grassroots non-taxable amount	d	Grassro	ots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))	e							

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)).

	(crection ander section sort(n))	(a)			(b)	
		Yes	No		A mour	ıt
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					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?			1		
d	Mailings to members, legislators, or the public?					
е	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	O ther activities? If "Yes," describe in Part IV					
j	Total lines 1c through 1:					
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			7		
С	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?					
Par	t IIII-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5),	or s	ectio	n
					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 carryover lobbying and political expenditures from the prior year?			3		Νo
Pai	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".				ectio	n
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
c	Total	2c				

does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?

Part IV Supplemental Information

5 Taxable amount of lobbying and political expenditures (see instructions)

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess

	Identifier	Return Reference	Explanation
ı	ORGANIZATIONS DIRECT AND	· · · · · · · · · · · · · · · · · · ·	NJEA PASSES THROUGH, IN A TIMELY MANNER, THE
	INDIRECT POLITICAL CAMPAIGN		VOLUNTARY POLITICAL CONTRIBUTIONS RECEIVED
	ACTIVITIES		FROM MEMBERS TO THE NEW JERSEY EDUCATION
			ASSOCIATION POLITICAL ACTION COMMITTEE

3

4

5

DLN: 93493190002423

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

Supplemental Financial Statements

	me of the organization W JERSEY EDUCATION ASSOCIATION		Emplo	yer ident if icat	tion numbe	r
INEV	V JERSEY EDUCATION ASSOCIATION		21-05	524390		
Pa	organizations Maintaining Donor Acordanization answered "Yes" to Form 99		ınds o	r Accounts.	Complet	te If the
		(a) Donor advised funds	(b) Funds and ot	her accou	nts
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advi- funds are the organization's property, subject to the		or advise	ed	┌ Yes	┌ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit			purpose	┌ Yes	┌ No
Pa	rt III Conservation Easements. Complete	ıf the organızatıon answered "Yes" to	Form	990, Part IV	, lıne 7.	
2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualication the last day of the tax year	on or pleasure)	ertified	historic struct	-	a
				Held at the	End of the	Year
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
c	Number of conservation easements on a certified his	toric structure included in (a)	2c			
d	Number of conservation easements included in (c) ac	equired after 8/17/06	2d			
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	d by the	organization o	during	
	the taxable year ▶					
4	Number of states where property subject to conserva	ation easement is located 🛌				
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		lling of v	iolations, and	┌ Yes	┌ No
6	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	ents dur	ng the year 🕨		
7	Amount of expenses incurred in monitoring, inspecting	ng, and enforcing conservation easements	during	the year		
	► \$					
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	(d) above satisfy the requirements of sec	tion		☐ Yes	┌ No
9	In Part XIV, describe how the organization reports contained balance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	he footnote to the organization's financial	•	•		
Par	Complete if the organization answered "		or Othe	er Similar <i>F</i>	Assets.	
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	116, not to report in its revenue statement for public exhibition, education or researc ancial statements that describes these its	h in furt ems	herance of pub	olic service	2,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	oublic exhibition, education, or research in				
	(i) Revenues included in Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X			► \$		
2	If the organization received or held works of art, histo	orical treasures or other similar assets fo	r financi	al dain provid	a tha	

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 relating to these items

Part	311 Organizations Maintaining Co	ollections of Art	t, His	torica	al Tre	easures, or O	<u>the</u>	<u>r Similar Asse</u>	ets (co	ntınued)
3	Using the organization's accession and other items (check all that apply)	r records, check an	y of th	he follo	wing th	nat are a significa	nt u	se of its collectio	n	
а	Public exhibition		d	Гι	Loan o	r exchange progr	ams			
b	Scholarly research		е	Γ (Other					
c	Preservation for future generations									
4	Provide a description of the organization's c	ollections and expla	ain hov	w thev t	further	the organization	's ex	empt purpose in		
	Part XIV					-				
5	During the year, did the organization solicit assets to be sold to raise funds rather than								Yes	□ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar	jements. Compl	ete ıf	the o	rganız	ation answere		<u> </u>		<u>, </u>
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?						ets ı		Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ving tab	le	_				
								Amo	unt	
С	Beginning balance					-	1c			
d	Additions during the year					-	1d			
е	Distributions during the year					_	1e			
f	Ending balance					L	1 f			
2a	Did the organization include an amount on F	orm 990, Part X, lın	e 21?	•				Γ	Yes	┌ No
ь	If "Yes," explain the arrangement in Part XI	<i>I</i>								
Pa	rt V Endowment Funds. Complete									
		(a)Current Year	(b))Prior Yea		(c)Two Years Back	_		e) Four Y	ears Back
1a	Beginning of year balance	2,353,802		•	31,585	2,152,73	_	2,355,841		
b	Contributions				75,560	67,09	╀			
С	Investment earnings or losses	-5,998			16,657	-88,24	3	-56,202		
d	Grants or scholarships							146,902		
e	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance	2,347,804		2,35	53,802	2,131,58	5	2,152,737		
2	Provide the estimated percentage of the year	ar end balance held	as							
а	Board designated or quasi-endowment 🕨									
b	Permanent endowment 🕨									
С	Term endowment ▶									
За	Are there endowment funds not in the posse	ssion of the organiz	ation	that ar	e held	and administered	l for	the		
	organization by								Yes	No
	(i) unrelated organizations						•	3a(i)		No
	(ii) related organizations							3a(ii)	+	
	If "Yes" to 3a(II), are the related organization						٠	3b	Yes	
4	Describe in Part XIV the intended uses of the					•				
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	90, Pa							
	Description of property				ost or o			(c) Accumulated depreciation	(d) Boo	ok value
1a	Land					1,195	,846			1,195,846
b	Buildings		•			19,496	,871	8,383,122	1:	1,113,749
c	Leasehold improvements									
d I	Equipment					3,515	,683	2,546,950		968,733
e	Other					1,743	,275	1,255,538		487,737
	I. Add lines 1a-1e <i>(Column (d) should equal F</i>		mn (B)), line 1	0(c).)				1	3,766,065
	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·						Schedule D (

Part VII Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b)Book value		d of valuation f-year market value
(1)Financial derivatives		Cost of elia-o	-year market value
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation f-year market value
		Cost of end-o	-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin			
(a) Descrip			(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
ACCRUED VACATION & SICK PAY	5,485,273		
DEFERRED COMPENSATION	244,526		
ACCRUED POSTRETIREMENT BENEFITS	90,632,979		
ACCRUED PENSION COST	98,436,068		
DUE TO NATIONAL EDUCATION ASSOCIATION	149,213		
DUE TO NJEA HEALTH AND WELFARE BENEFITS PLAN	219,947		
JOE TO NALA HEALTH AND WELFARE BENEFITS PLAN	213,34/		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	195,168,006		
	, ,		

Second	1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	123,836,907
Net unrealized gains (losses) on investments 5	2	Total expenses (Form 990, Part IX, column (A), line 25)	2	110,641,859
S	3	Excess or (deficit) for the year Subtract line 2 from line 1	3	13,195,048
Provided	4	Net unrealized gains (losses) on investments	4	3,793,593
7 Nor period adjustments	5	Donated services and use of facilities	5	
S Other (Describe in Part XIV) S S-55,774,886	6	Investment expenses	6	
9	7	Prior period adjustments	7	
9	8	Other (Describe in Part XIV)	8	-55,774,886
10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 -38,786,245	9		9	-51,981,293
Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements 1 127,312,145	10		10	-38,786,245
Total revenue, gains, and other support per audited financial statements	Par		er R	eturn
a Net unrealized gains on investments 2a 3,793,593 4 </th <th></th> <th>•</th> <th></th> <th>127,312,145</th>		•		127,312,145
b Donated services and use of facilities 2b 4 c Recoveries of prior year grants 2c 4 d Other (Describe in Part XIV) 2d 2e 3,793,593 a Add lines 2a through 2d 2e 3,793,593 3 Subtract line 2e from line 1 3 123,518,552 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4a 276,704 b Other (Describe in Part XIV) 4b 41,651 c Add lines 4a and 4b 4c 318,355 5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 123,836,907 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 1 110,323,504 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 2a 4 a Donated services and use of facilities 2a 4 4 b Prior year adjustments 2b 4 4	2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
c Recoveries of prior year grants 2c 4 4 4 4 4 4 4 4 4 3,793,593 3 3 123,518,552 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4 276,704 4 4 276,704 4 4 276,704 4 4 4 276,704 4 4 4 276,704 4 4 4 276,704 4 4 4 4 318,355 5 6 7 4 4 4 4 4 318,355 5 7 4 4 4 4 318,355 5 7 7 7 8 4 318,355 8 7 8 7 8 8 8 9 8 8 9 <th>а</th> <th>Net unrealized gains on investments</th> <th></th> <th></th>	а	Net unrealized gains on investments		
d Other (Describe in Part XIV) 2d 4 2e 3,793,593 3 Subtract line 2e from line 1 3 123,518,552 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4a 276,704 b Other (Describe in Part XIV) 4b 41,651 c Add lines 4a and 4b 4c 318,355 5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 123,836,907 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 1 110,323,504 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 2a 1 110,323,504 a Donated services and use of facilities 2a 4	b	Donated services and use of facilities		
Add lines 2a through 2d Subtract line 2e from line 1 Subtract line 2e from	c	Recoveries of prior year grants		
3 Subtract line 2e from line 1	d	Other (Describe in Part XIV)		
A mounts 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 276,704 b Other (Describe in Part XIV)	е	Add lines 2a through 2d	2e	3,793,593
Note	3	.	3	123,518,552
b Other (Describe in Part XIV) 4b 41,651 4c 318,355 c Add lines 4a and 4b 4c 318,355 5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 123,836,907 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 1 110,323,504 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 2a Investments Investments Investment expenses and use of facilities 2a Investment expenses 2a Investment e	4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
c Add lines 4a and 4b . 4c 318,355 5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 123,836,907 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements	а			
Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	b	Other (Describe in Part XIV)		
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements	С		4 c	318,355
Total expenses and losses per audited financial statements				123,836,907
statements			s per	
Donated services and use of facilities	1		1	110,323,504
b Prior year adjustments	2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
c Other losses 2c 4 41,651 2e -41,651 2e -41,651 2e -41,651 2e -41,651 2e -41,651 3 10,365,155 3 110,365,155 3 110,365,155 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3 110,365,155 4a 276,704 4a 276,704 4b 276,704 4c 276,704 4c 276,704 5 7 <th>a</th> <th>Donated services and use of facilities</th> <th></th> <th></th>	a	Donated services and use of facilities		
dOther (Describe in Part XIV)2d-41,651eAdd lines 2a through 2d2e-41,6513Subtract line 2e from line 13110,365,1554A mounts included on Form 990, Part IX, line 25, but not on line 1:4a276,704bOther (Describe in Part XIV)4b4c276,704cAdd lines 4a and 4b4c276,7045Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)5110,641,859	b	Prior year adjustments		
Add lines 2a through 2d	c	Other losses		
Subtract line 2e from line 1	d	Other (Describe in Part XIV)		
A mounts 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 276,704 b Other (Describe in Part XIV)	е	Add lines 2a through 2d	2e	-41,651
a Investment expenses not included on Form 990, Part VIII, line 7b 4a 276,704 b Other (Describe in Part XIV) 4b 4b c Add lines 4a and 4b 4c 276,704 5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) 5 110,641,859	3	Subtract line 2e from line 1	3	110,365,155
b Other (Describe in Part XIV) 4b 4b 4c 276,704 c Add lines 4a and 4b 4c 276,704 4c 276,704 5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) 5 110,641,859	4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
c Add lines 4a and 4b	а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 276,704		
Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	b	Other (Describe in Part XIV)		
	С		4c	276,704
			5	110,641,859

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	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 2009
PART XI, LINE 8 - OTHER ADJUSTMENTS		FASB ASC 715 OTHER COMPREHENSIVE INCOME - 55,774,886
PART XII, LINE 4B - OTHER ADJUSTMENTS		GAIN ON SALE OF FIXED ASSETS 41,651
PART XIII, LINE 2D - OTHER ADJUSTMENTS		GAIN ON SALE OF FIXED ASSETS -41,651

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Schedule I

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

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

OMB No 1545-0047

DLN: 93493190002423

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

NEW JERSEY EDUCATION ASSOCIATION

Employer identification number

21-0524390

Part II Grants and Other As Form 990, Part IV, line Part IV and Schedule	e 21 for any recip	ient that received n	nore than \$5,000. Ch	eck this box if no one	recipient receive	d more than \$5,000.	. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran
See Additional Data Table							
2 Enter total number of section 50	21 (c)(2) and govern	mont organizations list	and up the lune 1 table			<u> </u>	23
3 Enter total number of other orga		_					12

Use Schedule I-1	. (Form 990) if additional space i	ıs needed.	·		
(a)Type of grant or assis	tance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. Identifier **Return Reference Explanation** PART I, LINE 2 SCHEDULE I, PART I, LINE 2 ALL GRANTS/DONATIONS ARE APPROVED BY THE NJEA EXECUTIVE COMMITTEE PROCEDURE FOR

MONITORING GRANTS IN THE U S

ORGANIZATION RECEIVING DONATIONS SUBMIT REPORTS BACK TO NJEA DESCRIBING HOW GRANTS/DONATIONS ARE BEING USED

Software ID: Software Version:

EIN: 21-0524390

Name: NEW JERSEY EDUCATION ASSOCIATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 LEARNING180 WEST STATE STREET TRENTON, NJ 08607	77- 0667571	501(C)(3)	250,000				FINANCIAL SUPPORT
AFRICAN AMERICAN HERITAGE PARADEPO BOX 1104 NEWARK,NJ 07101			75,000				FINANCIAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDUCATIONAL BROADCASTING CORP (WNET CELEB OF TCH & LRN)450 WEST 33RD STREET NEW YORK, NY 10001	13- 1945149	501(C)(3)	55,000				FINANCIAL SUPPORT
KOMEN BREAST CANCER FOUNDATIONTWO PRINCESS ROAD SUITE D LAWRENCEVILLE,NJ 08648	43- 2052349	501(C)(3)	10,000				FINANCIAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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
NJ STATE CONF OF THE NAACPPO BOX 1706 MONTCLAIR, NJ 07042	22- 6095670	501(C)(3)	10,000				FINANCIAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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)	11,500				FINANCIAL SUPPORT
NJ COMMISSION FOR HOLOCAUST PO BOX 500 TRENTON, NJ 08625			50,000				FINANCIAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 (SPONSORSHIP)49 FORD AVENUE FREEHOLD, NJ 07728	30- 0383808	501(C)(3)	20,000				FINANCIAL SUPPORT
THE LATINO INSTITUTE INC50 PARK PLACE SUITE 1539 NEWARK,NJ 07102	20- 1516874	501(C)(3)	100,000				FINANCIAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEA PAC GIVEAWAY PLEDGE 1201 16TH STREET NW STE 416 WASHINGTON, DC 20036	53- 0115260	1 5017(375)	15,000				FINANCIAL SUPPORT FOR RA GIVEAWAY PLEDGE
NJ HALL OF FAME (TICKETS)4 RIDGE RD LEBANON, NJ	22- 3291935	501(C)(3)	39,977				FINANCIAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEA FOUNDATION (4 TABLES AT GALA) 1201 16TH STREET NW STE 416 WASHINGTON, DC 20036	23- 7035089	501(C)(3)	10,000				FINANCIAL SUPPORT
BOYS & GIRLS CLUB OF CAMDEN COUNTY1709 PARK BLVD CAMDEN NI 08103	22- 3670025	501(C)(3)	36,000				FINANCIAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLSEN247 CENTRE ST 7TH FLR NEW YORK, NY 10013	04- 3234202	501(C)(3)	15,000				FINANCIAL SUPPORT
BERGEN CO SPEC SRVCS EA272 GENTHER AVENUE ORADELL, NJ 07649	23- 7430944	501(C)(5)	5,000				FINANCIAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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
CRANFORD EA BROOKSIDE PLACE SCHOOL 700 BROOKSIDE PL CRANFORD, NJ	22- 6070385	501(C)(5)	5,000				FINANCIAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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)	5,000				FINANCIAL SUPPORT
DARE NEW JERSEY INC 292 PRO SPECT PLAINS RD CRANBURY, NJ	22- 3067748	501(C)(3)	10,000				FINANCIAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIBERTY SCIENTY MUSEUM251 PHILLIP STREET JERSEY CITY,NJ 07305	22- 2302253	501(C)(3)	7,500				FINANCIAL SUPPORT
CONSERVE WILDLIFE FOUND OF NJ501 EAST STATE ST PO BOX 400 TRENTON, NJ 08625	22- 3130406	501(C)(3)	5,000				FINANCIAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOROUGH OF FORT LEE309 MAIN STREET FORT LEE,NJ 07024	22- 6001809	501(C)(3)	5,000				FINANCIAL SUPPORT
FAIRFIELD EA5 RAYMAR LANE WAYNE,NJ 07470	23- 7200369	501(C)(5)	5,000				FINANCIAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 TESTINGPO BOX 300204 JAMAICA PLAN, MA 02130	22- 2653502	501(C)(3)	5,000				FINANCIAL SUPPORT
WORKING FAMILIES UNITED FOR NJ106 WEST STATE STREET TRENTON, NJ 08608		501(C)(4)	15,000				FINANCIAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 744 BROAD STREET NEWARK,NJ 07102	22- 2395222	501(C)(4)	5,000				FINANCIAL SUPPORT
NJ COALITION FOR INCLUSIVE ED9H AUER CT WILLIAMSBURG OFFICE EAST BRUNSWICK, NJ 08816	22- 3389917	501(C)(3)	5,000				FINANCIAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV,	(g) Description of non-cash	(h) Purpose of grant or assistance
					appraisal, other)	assistance	
PATERSON EA26 MADISON STREET PEQUANNOCK, NJ 07440	23- 7400018	501(C)(5)	5,000				FINANCIAL SUPPORT
POMPTON LAKES EA 97 VREELAND AVENUE BLOOMINGDALE,NJ 07403	23- 7146727	501(C)(5)	5,000				FINANCIAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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	I 501(C)(3)	5,000				FINANCIAL SUPPORT
TOTOWA EA201 LAKE AVENUE BOONTON, NJ 07005		501(C)(5)	5,000				FINANCIAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOODLAND PARK EA0-101 WAMSTERDAM AVE FAIRLAWN,NJ 07410		501(C)(5)	5,000				FINANCIAL SUPPORT
EDUCATION LAW CENTER60 PARK PLACE SUITE 300 NEWARK,NJ 07102	22- 2014555	501(C)(3)	500,000				FINANCIAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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

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DLN: 93493190002423

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Employer identification number

NEW JERSEY EDUCATION ASSOCIATION 21-0524390 **Questions Regarding Compensation** Yes Νo 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 First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No." complete Part III to explain Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Yes Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee ✓ Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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 Receive a severance payment or change-of-control payment? Yes 4a 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo **4**c Participate in, or receive payment from, an equity-based compensation arrangement? Νo 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. 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 The organization? **5**a 5b Any related organization? If "Yes," to line 5a or 5b, describe in Part III 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 The organization? 6b Any related organization? If "Yes," to line 6a or 6b, describe in Part III 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 7 Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns		
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
(1) BARBARA A KESHISHIAN	(1) (11)	290,704 0	0 0	0 0	296,640 0	14,548 0	601,892 0		
(2) WENDELL F STEINHAUER	(ı) (ıı)	197,794 0	0	_	123,744 0	27,243 0	348,781 0		
(3) MARIE E BLISTAN	(ı) (ıı)	197,645 0	0	0	80,932	27,243 0	305,820 0		
(4) VINCENT E GIORDANO	(ı) (ıı)	367,941 0	0	0	208,342	28,801 0	605,084 0		
(5) TIMOTHY MCGUCKIN	(ı) (ıı)	232,428 0	0	0	221,809 0	24,679 0	478,916 0		
(6) EDWARD RICHARDSON	(ı) (ıı)	212,034 0	0	0	397,431 0	27,243 0	636,708 0		
(7) ZELLA FELZENBERG	(ı) (ıı)	234,828 0	0	0	627,611 0	28,801 0	891,240 0		
(8) RICH GRAY	(ı) (ıı)	401,382 0	0	0	185,460 0	28,801 0	615,643 0		
(9) GINGER GOLD SCHNITZER	(ı) (ıı)	216,978 0	0	0	260,430 0	28,801 0	506,209 0		
(10) MICHAEL COHAN	(ı) (ıı)	215,876 0	0	0	118,652 0	28,801 0	363,329 0		
(11) BRUCE IONNO	(ı) (ıı)	221,892 0	0	0	458,964 0	28,801 0	709,657 0		
(12) STEVE WOLLMER	(ı) (ıı)	216,593 0	0	0	189,489 0	21,545 0	427,627 0		

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	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

Schedule J (Form 990) 2011

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SCHEDULE O

As Filed Data -

DLN: 93493190002423

OMB No 1545-0047

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury
Internal Revenue Service

(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.

Name of the organization
NEW JERSEY EDUCATION ASSOCIATION

Employer identification number
21-0524390

Identifier	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

Identifier	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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7B	ACCORDING TO ARTICLE XIV OF NJEA'S CONTITUTION 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 AMENDEMENT 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 REVEW 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

Identifier	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

Identifier Return Reference	Explanation
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 ANY THING OF VALUE WHICH HE/SHE KNOWS OR HAS REASON TO BELIEVE IS OFFERED TO HIMHER WITH THE INTENT TO INFLUENCE HIMHER IN THE PERFORMANCE OF HIS/HER NJEA DUTIES AND RESPONSIBILITIES

Identifier	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

Identifier	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

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 3,793,593 FASB ASC 715 OTHER COMPREHENSIVE INCOME -55,774,886 TOTAL TO FORM 990, PART XI, LINE 5 - 51,981,293

Identifier	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

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Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

DLN: 93493190002423

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

Internal Revenue Service						ispectio	
Name of the organization NEW JERSEY EDUCATION ASSOCIATION					dentification number		
Part I Identification of Disregarded Entities (Comp	lete if the organization	on answered "Yes"	on Form 990, P	21-05243 art IV, line 33.)	90		
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during	izations (Complete the tax year.)	ıf the organization	answered "Yes"	' on Form 990, P	art IV, line 34 becau	se it had	one
(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)		Section 5 cont	g) 512(b)(13) rolled nization
See Additional Data Table						Yes	No
For Privacy Act and Paperwork Reduction Act Notice, see the Instruction	ons for Form 990.	Cat No 50	135Y		Schedule R (Form 990	2011

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line	e 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)	,	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	allocations?		Disproprtionate		Disproprtionate		Disproprtionate		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti	ral or nging	(k) Percentage ownership
							Yes	No		Yes	No							
												i						

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) Рптагу 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

chedule R	(Form 990) 2011		Р	age 3
Part V	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35,	35A, or 36.)		
Note.	Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 During t	he tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Rece	ipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b Gift,	grant, or capital contribution to related organization(s)	1b	Yes	:
c Gıft, ç	grant, or capital contribution from related organization(s)	1c		No
d Loans	s or loan guarantees to or for related organization(s)	1d		No
e Loans	s or loan guarantees by related organization(s)	1e		No
f Sale	of assets to related organization(s)	1f		No
g Purch	hase of assets from related organization(s)	1 g		No
h Exch	ange of assets with related organization(s)	1h		No
i Lease	e of facilities, equipment, or other assets to related organization(s)	1i		No
j Lease	e of facilities, equipment, or other assets from related organization(s)	<u>1j</u>		No
k Perfo	rmance of services or membership or fundraising solicitations for related organization(s)	1k		No
I Perfor	rmance of services or membership or fundraising solicitations by related organization(s)	11		No
m Sharı	ng of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	1	No
n Sharı	ng of paid employees with related organization(s)	1n		No
o Reim	bursement paid to related organization(s) for expenses	10		No
p Reim	bursement paid by related organization(s) for expenses	1р		No
q Othe	r transfer of cash or property to related organization(s)	1 q	Yes	
r Other	r transfer of cash or property from related organization(s)	1r		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 other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) NJEA POLITICAL ACTION COMMITTEE	Q	998,928	CASH
(2) FEDERICK L HIPP FOUNDATION	В	50,000	CASH
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	income(related, unrelated, excluded from tax under sections 512- 514)		partners section 501(c)(3) organizations?		partners section t 501(c)(3) organizations?		(g) Share of end-of-year assets	(h) Dispropitionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging ener?	(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No			

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

Software ID: Software Version:

EIN: 21-0524390

Name: NEW JERSEY EDUCATION ASSOCIATION

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

Form 990, Schedule R, Part II -	racination of i	Related Tax	-Exempt Organ	izations			
(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 501(c) (3))	(f) Direct Controlling Entity	(b) cont	g on 512 (13) crolled dization
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	ŊĴ	501(C)(9)				No
PAUL DIMITRIADIS RIGHTS FUND 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 22-2306050	LABOR ORGANIZATION	NJ	501(C)(5)				No
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
NJEA EMPLOYEES' RETIREMENT TRUST FUND 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 21-0524390	PENSION FUND	ŊĴ	401(A)/501 (A)				No
NJEA SUPPLEMENTAL SAVINGS PLAN 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 21-0524390	PENSION FUND	NJ	401(A)/501 (A)				No
NJEA POLITICAL ACTION COMMITTEE	POLITICAL ACTION COMMITTEE	ŊĴ	SECTION 527				No
FEDERICK L HIPP 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
NJEA MEMBER BENEFIT FUND 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 13-4270499	WELFARE BENEFIT FUND	NJ	501(C)(9)				No

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

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
JANET S BISCHAK EXECUTIVE COMMITTEE	2 00	Х						2,600	0	0
TONI E GUERRA EXECUTIVE COMMITTEE	2 00	Х						2,600	0	0
EARL J KIGHTS EXECUTIVE COMMITTEE	2 00	Х						2,600	0	0
GAYLE K FAULKNER EXECUTIVE COMMITTEE	2 00	Х						2,600	0	0
BEVERLY A FIGLIOLI EXECUTIVE COMMITTEE	2 00	Х						2,600	0	0
ROBIN C HOLCOMBE EXECUTIVE COMMITTEE	2 00	Х						2,600	0	0
STEPHEN BOUCHARD EXECUTIVE COMMITTEE	2 00	Х						2,600	0	0
DELORES A HARVEY EXECUTIVE COMMITTEE	2 00	Х						2,600	0	0
JOSEPH F CHEFF EXECUTIVE COMMITTEE	2 00	Х						2,600	0	0
PETER A HELFF EXECUTIVE COMMITTEE	2 00	Х						2,600	0	0
KIMBERLY L SCOTT EXECUTIVE COMMITTEE	2 00	Х						2,600	0	0
ROSEMARIE J JANKOWSKI EXECUTIVE COMMITTEE	2 00	Х						2,600	0	0
DIANE C PIORKOWSKI EXECUTIVE COMMITTEE	2 00	Х						2,600	0	0
LAURIE A SCHORNO EXECUTIVE COMMITTEE	2 00	Х						2,600	0	0
RONALD G BURD EXECUTIVE COMMITTEE	2 00	Х						2,600	0	0
MARIE L KOVACS EXECUTIVE COMMITTEE	2 00	Х						2,600	0	0
ROY S TAMARGO EXECUTIVE COMMITTEE	2 00	Х						2,600	0	0
JUDITH R RUFF EXECUTIVE COMMITTEE	2 00	Х						2,600	0	0
DONNA MIRABELLI EXECUTIVE COMMITTEE	2 00	Х						2,600	0	0
TERESA J PURCELL EXECUTIVE COMMITTEE	2 00	Х						2,600	0	0
ANN MARGARET SHANNON EXECUTIVE COMMITTEE	2 00	Х						2,600	0	0
JOHN P WARD EXECUTIVE COMMITTEE	2 00	Х						2,600	0	0
CARL E FRATZ EXECUTIVE COMMITTEE	2 00	Х						2,600	0	0
MICHAEL J KRUCZEK EXECUTIVE COMMITTEE	2 00	Х						2,600	0	0
MICHELE T YAKOPCIC EXECUTIVE COMMITTEE	2 00	Х						2,600	0	0
								•	·	

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

Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F)										
(A) Name and Title	Average hours per week	Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	Estimated amount of other
		Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
LINDA K MARTINS EXECUTIVE COMMITTEE	2 00	Х						2,600	0	0
IRENE SAVICKY EXECUTIVE COMMITTEE	2 00	Х						2,600	0	0
LUCILLE A BLOOM EXECUTIVE COMMITTEE	2 00	Х						0	0	C
ELEANOR BOWSER EXECUTIVE COMMITTEE	2 00	Х						0	0	C
HARRY CAMWELL EXECUTIVE COMMITTEE	2 00	Х						2,600	0	C
MARY SUE FISCO EXECUTIVE COMMITTEE	2 00	Х						0	0	C
SUSAN MCBRIDE EXECUTIVE COMMITTEE	2 00	Х						0	0	C
ANDREW POLICASTRO EXECUTIVE COMMITTEE	2 00	Х						0	0	C
ERIC L STINSON EXECUTIVE COMMITTEE	2 00	Х						0	0	0
EDWARD S YARUSINSKY EXECUTIVE COMMITTEE	2 00	Х						0	0	0
LOIS YUKNA EXECUTIVE COMMITTEE	2 00	Х						2,600	0	0
BARBARA A KESHISHIAN PRESIDENT	40 00			х				290,704	0	311,188
WENDELL F STEINHAUER VICE-PRES	40 00			×				197,794	0	150,987
MARIE E BLISTAN SECR-TREAS	40 00			х				197,645	0	108,175
VINCENT E GIORDANO EXECUTIVE DIRECTOR	40 00				Х			367,941	0	237,143
TIMOTHY MCGUCKIN BUSINESS DIRECTOR	40 00				Х			232,428	0	246,488
EDWARD RICHARDSON ASSISTANT DIRECTOR HUMAN R	40 00				х			212,034	0	424,674
ZELLA FELZENBERG ASSISTANT DIRECTOR, UNISER	40 00				х			234,828	0	656,412
RICH GRAY ASST EXECUTIVE DIRECTOR	40 00					Х		401,382	0	214,261
GINGER GOLD SCHNITZER DIRECTOR, GOVERNMENT RELAT	40 00					Х		216,978	0	289,231
MICHAEL COHAN DIRECTOR OF PROF DEVELOPME	40 00					Х		215,876	0	147,453
BRUCE IONNO MANAGER INFORMATION SYSTEMS	40 00					Х		221,892	0	487,765
STEVE WOLLMER COMMUNICATIONS DIRECTOR	40 00					Х		216,593	0	211,034
JOYCE R POWELL IMMEDIATE PAST PRESIDENT	2 00						x	2,600	0	C