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DLN: 93493196000205

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 private foundations)

OMB No 1545-0047

Open to Public Inspection

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS

generally cannot redact the information on the form

	the 20	013 cal <u>e</u>	ndar year, or tax year beginn	ning 09-01-2013 $$, 2013, and ending 08	3-31-2014		
B Check	k ıf app	plicable	C Name of organization NEW JERSEY EDUCATION ASSOC	IATION		D Employer ider	ntification number
- Add re	ess chai	nge		2017		21-0524390)
 Name	e chang	ge	Doing Business As				
Initial	l return	ı ŀ		if mail is not delivered to street address) Room,	/suite	E Telephone num	ber
Termi	ınated		180 W STATE STREET PO BOX 12	211		(609) 599-4	
_ Amen	nded re	eturn	City or town, state or province, or TRENTON, NJ 086071211	country, and ZIP or foreign postal code		(809)399-4	561
Applic	cation p	pending	TRENTON, NJ 0860/1211			G Gross receipts \$	157,200,458
			F Name and address of p	•	H(a) Is th	ıs a group return	for
			WENDELL F STEINHAUEI 180 W STATE STREET PO		subo	rdinates?	┌ Yes 🗸 No
			TRENTON, NJ 08607121		H(b) Are a	ıll subordınates	┌ Yes ┌ No
					ınclu	ded?	
Tax-e	exemp	t status	501(c)(3) > 501(c) (5)	◀ (insert no)	If "N	o," attach a list	(see instructions)
) Web	bsite:	► WW\	W NJEA ORG		H(c) Grou	ıp exemptıon nur	mber ►
∢ Form o	of orga	nızatıon	Corporation Trust Associa	ation Other ►	L Year of fo	rmation 1853 M	State of legal domicile NJ
Part	: I	Sum	nary		•	•	
Governance	E I	DUCAT RUE PO	IONAL OPPORTUNITY FOR	ED TO PROMOTE THE EDUCATION: ALL STUDENTS, TO SECURE AND M ESSIONS, TO PROMOTE AND GUAR BLE FOR MEMBERSHIP	AINTAIN FOR	THE OFFICE OF	TEACHING ITS
	2 CI	heck th	s box দ if the organization	discontinued its operations or dispose	d of more than 2	5% of its net as	sets
Activities &	3 N	umber o	f voting members of the govε	erning body (Part VI, line 1a)		. з	51
	4 N	umber o	findependent voting member	rs of the governing body (Part VI, line 1	b)	4	7
[출	5 To	otal nun	iber of individuals employed	ın calendar year 2013 (Part V, lıne 2a)		5	426
			·	ıf necessary)		6	(
				Part VIII, column (C), line 12		7a	286,227
	В М	et unrei	ated business taxable income	e from Form 990-T, line 34		· · 7b or Year	Current Year
	8	Contrib	utions and grants (Part VIII	, line 1 h)	Pile	8,759,048	6,118,520
횰				, line 2g)		114,891,809	115,854,849
Havenue 1				mn (A), lines 3, 4, and 7d)		2,861,399	7,648,056
# 1	11	Otherr	evenue (Part VIII, column (<i>F</i>	A), lines 5, 6d, 8c, 9c, 10c, and 11e)		12,427	26,305
1				11 (must equal Part VIII, column (A), l	ine	126,524,683	129,647,730
1	13	Grants	and similar amounts paid (Pa	art IX, column (A), lines 1–3)		11,472,840	12,035,100
1	14			rt IX, column (A), line 4)		1,145,301	52,890
82 1		Salarıe 5-10)	s, other compensation, emplo	oyee benefits (Part IX, column (A), line	S	63,948,625	61,333,508
ğ ₁		,	ional fundraising fees (Part I	X, column (A), line 11e)		0	0
Expenses 1	b	Total fun	draising expenses (Part IX, column	(D), line 25) • 0			
	17	Other	xpenses (Part IX, column (A), lines 11a-11d, 11f-24e)		46,712,522	55,090,661
1	18	Total e	xpenses Add lines 13–17 (r	must equal Part IX, column (A), line 25)	123,279,288	128,512,159
م ا	19	Revenu	e less expenses Subtract lır	ne 18 from line 12		3,245,395	1,135,571
					_	g of Current	End of Year
					Y	'ear	
	20	Total a	ssets (Part X, line 16)			138,974,725	145,225,434
Fund Balances	21 22	Total lı Net ass	abilities (Part X, line 26) . sets or fund balances Subtra			138,974,725	162,798,545
Part Inder p	21 22 III penalt owledg	Total li Net ass Signa ties of p ge and b	abilities (Part X, line 26) . sets or fund balances Subtra ature Block erjury, I declare that I have 6		anying schedule	138,974,725 126,952,850 12,021,875 es and statement	162,798,545 -17,573,111 ts, and to the best of
Part Juder pmy kno	21 22 III penalt owledg	Total li Net ass Signa ties of p ge and b	abilities (Part X, line 26) . Sets or fund balances Subtra Iture Block erjury, I declare that I have e elief, it is true, correct, and c owledge	examined this return, including accomp	anying schedulo	138,974,725 126,952,850 12,021,875 es and statement	162,798,545 -17,573,111 ts, and to the best of
Part J nder p my kno prepare	21 22 III penalt owledg	Total II Net as: Signa ties of p ge and b s any kn	abilities (Part X, line 26) . Sets or fund balances Subtra Iture Block erjury, I declare that I have e elief, it is true, correct, and c owledge	examined this return, including accomp	anying schedulo	138,974,725 126,952,850 12,021,875 es and statement based on all info	
Dart Page Bances of Month of M	21 22 III penalt owledg	Net ass Signates of page and base any kn ****** Signate SEAN	abilities (Part X, line 26) . Sets or fund balances Subtra ature Block erjury, I declare that I have e elief, it is true, correct, and c owledge *	examined this return, including accomp	anying schedulo	138,974,725 126,952,850 12,021,875 es and statement based on all info	162,798,545 -17,573,111 ts, and to the best of

Paid **Preparer Use Only**

For Paperwork Reduction Act Notice, see the separate instructions.

Firm's name ► NOVAK FRANCELLA LLC Firm's EIN 🕨 61-1436956 Firm's address ► ONE PRESIDENTIAL BLVD SUITE 330 Phone no (610) 668-9400 BALA CYNWYD, PA 19004

Cat No 11282Y

Form **990** (2013)

including grants of \$

4e Total program service expenses ►

(Expenses \$

) (Revenue \$

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f colored}$	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	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? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule D, Part I</i>	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? <i>If "Yes," complete Schedule D, Part III</i> 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 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? If "Yes," complete Schedule D, Part $\sqrt{2}$	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, line 10? 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
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	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 and XII	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 and XII 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, Parts I and IV	14b	_	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts 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 other assistance to or for foreign individuals? <i>If</i> "Yes," complete Schedule F, Parts 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 (see instructions)	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 "Yes," complete Schedule G, Part II</i>	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 hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)						
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes				
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes				
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)						
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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No			
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No			
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes				
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No			
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36					
37							
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes				
_		F	orm 99 0	(2013)			

Fell	Statements Regarding Other IRS Fillings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V		 Yes	. l No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 793		165	NO
	Enter the number of Forms W-2G included in line 1a Enter-0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1 c		
	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	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 7d			
		1		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds 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?			
9	Sponsoring organizations maintaining donor advised funds.	8		
	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?	9a 9b		
ь 10	Section 501(c)(7) organizations. Enter	30		
	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 facilities			
L 1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
L2a	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			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

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 of	r note to any	line in this Part VI							.マ

Se	ection A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ie Cod	'e)
			<u> </u>	<u> </u>
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		
10a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a 10b	Yes	
10a b 11a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10a 10b	Yes Yes	
10a b 11a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10a 10b	Yes Yes Yes	
10a b 11a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10a 10b	Yes Yes Yes	
10a b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10a 10b 11a	Yes Yes Yes	
10a b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	10a 10b 11a	Yes Yes Yes Yes	
10a b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes	
10a b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c 13 14 15	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	10a 10b 11a 12a 12b 12c 13	Yes	
10a b 11a b 12a b c 13 14 15	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes	
10a b 11a b 12a b c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization 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?	10a 10b 11a 12a 12b 12c 13 14	Yes	
10a b 11a b 12a b c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization 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	10a 10b 11a 12a 12b 12c 13 14	Yes	No
10a b 11a b 12a b c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization 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? 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	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes	No

- **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
 - Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 ►TIM MCGUCKIN 180 W STATE STREET PO BOX 1211
 TRENTON,NJ 086071211 (609) 599-4561

Form 990	(2013	
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation 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 organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more t	han o	one l both	box, an o	heck sofficer (stee) Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations

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

	(A) Name and Title	(B) Average hours per week (list	more t perso	tion (han c n is l	ne b both	oox, an c	officer		(D) Report compens from	able sation the	(E) Reportable compensation from related		(F) Estima imount o compens	ated fother sation
		any hours for related organizations below dotted line)	a Individual trustee or director	d Institutional Trustee	_		Highest compensated	Former	2/1099-MISC) 2/1099-MIS		organizations (W 2/1099-MISC)		from f rganizat relat organiza	on and ed
												t		
												+		
												+		
												+		
												+		
1b	Sub-Total													
c d	Total from continuation sheet Total (add lines 1b and 1c).	s to Part VII, S	ection A	٠.	•	•	-	•		3,438,703		0		3,203,781
2	Total number of individuals (in \$100,000 of reportable compe	_					d abov	e) wl		· ·	an			0,200,100
													T	T
3	Did the organization list any fc on line 1a? <i>If "Yes," complete S</i>					key •	emplo	yee,	, or highest	compen	sated employee	3	Yes	No No
4	For any individual listed on line organization and related organ individual												Vaa	
5	Did any person listed on line 1 services rendered to the organ									anızatıon	or individual for	5	Yes	No
Se	ction B. Independent Co	ntractors									_		•	
1	Complete this table for your fiv	e highest comp												
	compensation from the organiz	ation Report co	mpens	ation	for t	the c	alenda	arye	ar ending v	vith or wi	thin the organizati (B)	on's	tax year (C	

(A) Name and business address	(B) Description of services	(C) Compensation
NEW MEDIA FIRM 1730 RHODE ISLAND AVE NW STE 213 WASHINGTON DC 20036	CONSULTANT	5,157,043
ONE NEW JERSEY INC PO BOX 748 NEW BRUNSWICK NJ 08903	MEDIA SERVICES	2,950,000
CERILLION N4 PARTNERS 500 UNION ST STE 909 SEATTLE WA 98101	CONSULTANT	1,724,642
ZAZZALI FAGELLA NOWAK KLEINBAUM & FREI ONE RIVER FRONT PLAZA STE 320 NEWARK NJ 07102	LEGAL SERVICES	1,655,198
SELIKOFF & COHEN PA 700 EAST GATE DRIVE SUITE 502 MT LAUREL NJ 08054	LEGAL SERVICES	1,518,322

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►59

Part V		Check if Schedi	ule O contains a respor	nse or note to any lu	ne in this Part VIII			
	4-				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated cam	paigns 1a					
an	ь	Membership du	es 1b					
Ē.	c	Fundraising ev	ents 1c					
ifts, ar /	d	Related organiz	zations 1d					
, G	e	Government grant	s (contributions) 1e					
ons, Gifts, Grants Similar Amounts		_		6,118,520				
utic ier	f	similar amounts no	ons, gifts, grants, and 1f ot included above					
tributio Other	g	Noncash contributi 1a-1f \$	ons included in lines				İ	
Contributions, Gifts, Grants and Other Similar Amounts	h	·	s 1a-1f		6,118,520			
C								
ll e	2a	MEMBERSHIP DUE	c	Business Code	114 116 170	444 446 470		
wer	١.	CONFERENCES	<u> </u>		114,116,470	114,116,470		
22	b			900099	757,078	757,078		
MC	C	CONVENTION		900099	606,421	606,421		
Se	d	PUBLICATION INCO		511190	286,227		286,227	00.550
เลก	e r	All other progra		900099	88,653			88,653
Program Serwce Revenue	f	All other progra	am service revenue					
	g		s 2a-2f		115,854,849			
	3		ome (including dividen ar amounts)		4,130,459			4,130,459
	4		stment of tax-exempt bond	Table				
	5	Royalties .		🕨				
			(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	31,063,325	7,000				
	ь	Less cost or other basis and	27,552,728	0				
	c	sales expenses Gain or (loss)	3,510,597	7,000				
	d	Net gain or (los			3,517,597			3,517,597
	8a		rom fundraising					
Other Revenue		events (not inc \$	s reported on line 1c)					
<u>u</u>			a					
Ċth	b c		penses b (loss) from fundraising	events -				
•	9a	Gross income f	rom gaming activities ne 19 a					
	ь	Less direct ev	penses b					
			(loss) from gaming acti	vities				
	10a	Gross sales of returns and allo						
	b c	Less cost of g		entory 🌬				
		Miscellaneou	s Revenue	Business Code				
	11a	OTHER INCOM	 ИЕ	900099	26,305			26,305
	ь							
	С							
	d		ue					
	е	Total. Add lines	s 11a-11d	•	26,305			
	12	Total revenue.	See Instructions .	▶	129 647 730	115 479 969	286 227	7 763 014

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must com	plete all columns All other or	ganızatıons must complete column (A)

	Check if Schedule O contains a response or note to any line in this	Part IX			<u> </u>
Do no 7b, 8l	ot include amounts reported on lines 6b, p, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	12,035,100			
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members	52,890			
5	Compensation of current officers, directors, trustees, and key employees	3,519,498			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	28,756,187			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	17,205,092			
9	Other employee benefits	9,737,372			
10	Payroll taxes	2,115,359			
11	Fees for services (non-employees)				
а	Management				
b	Legal	9,993,703			
c	Accounting	86,500			
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	331,513			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,613,819			
12	Advertising and promotion	10,094,500			
13	Office expenses	5,340,385			
14	Information technology	1,546,173			
15	Royalties				
16	Occupancy	3,069,481			
17	Travel	3,270,830			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,262,988			_
20	Interest				_
21	Payments to affiliates	4,858,797			
22	Depreciation, depletion, and amortization	1,678,176			
23	Insurance	246,619			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	ORGANIZING EXPENSES	4,910,672			
b	TRAINING PROG & SERV	3,020,783			
c	COMMUNICATION EXPENSE	420,316			
d	PUBLIC/GOVERNMENT RELAT	394,504			
e	All other expenses	950,902			
25	Total functional expenses. Add lines 1 through 24e	128,512,159			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

	τχ	Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	13,750,958	1	2,203,260
	2	Savings and temporary cash investments	10,540,742	2	10,187,722
	3	Pledges and grants receivable, net		3	_
	4	Accounts receivable, net	1,442,676	4	1,117,462
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	5		
Assets	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
82	7	Notes and loans receivable, net		7	
ď	8	Inventories for sale or use	30,933		30,943
	9	Prepaid expenses and deferred charges	3,123,621		950,019
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 29,476,479			
	ь	Less accumulated depreciation	14,420,580	10c	14,161,263
	11	Investments—publicly traded securities	94,527,090		115,234,818
	12	Investments—other securities See Part IV, line 11	, ,	12	, ,
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	1,138,125		1,339,947
	16	Total assets. Add lines 1 through 15 (must equal line 34)	138,974,725		145,225,434
	17		5,364,734		6,104,031
		Accounts payable and accrued expenses	3,304,734	18	0,104,031
	18	Grants payable	1,018,594		1,100,877
	19	Deferred revenue	1,018,594		1,100,877
	20	Tax-exempt bond liabilities		20	
es S	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabiliti	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u>'ē</u>		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	1,803,427	23	1,406,441
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	118,766,095	25	154,187,196
	26	Total liabilities. Add lines 17 through 25	126,952,850	26	162,798,545
——	20	Organizations that follow SFAS 117 (ASC 958), check here ► ✓ and complete lines 27 through 29, and lines 33 and 34.	123,002,000	20	,
2	27	Unrestricted net assets	11,996,875	27	-17,598,111
Fund Balance	28	Temporarily restricted net assets	25,000	28	25,000
<u> </u>	29	Permanently restricted net assets	25,535	29	
Ĭ	23	Organizations that do not follow SFAS 117 (ASC 958), check here ► and		23	
Ē		complete lines 30 through 34.			
s or	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
SS	32	Retained earnings, endowment, accumulated income, or other funds		32	
뷺	33	Total net assets or fund balances	12,021,875		-17,573,111
Net	34	Total liabilities and net assets/fund balances	138,974,725	34	145,225,434
	"	rotal habilities and het assets/fully balances	136,974,725	34	145,225,454

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		129.	547,730
2	Total expenses (must equal Part IX, column (A), line 25)	2			512,159
3	Revenue less expenses Subtract line 2 from line 1	3			135,571
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			021,875
5	Net unrealized gains (losses) on investments	5			968,066
6	Donated services and use of facilities	6			,,,,,,,,
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-35,6	598,623
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			573,111
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 区
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	☐ Separate basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	n			
За	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?	ne	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

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

Form 990, Part VII - Compensation Compensated Employees, and Inde				IIu	SIE	es, r	(e y		iest	
(A) Name and Title	(B) Average hours per week (list any hours for related	Posit more th perso and a	ion (e nan o n is b	ne b oth ctor,	ox, ι an o /trus	inless fficer tee)		(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
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	2/1033 11130)	2,1033 11130)	related organizations
EDWARD J RICHARDSON	40 00	х				 		233,688	0	470,239
EXECUTIVE DIRECTOR VINCENT E GIORDANO	40 00									
PAST EXECUTIVE DIRECTOR		Х						491,879	0	407,183
JANET S BISCHAK EXECUTIVE COMMITTEE	2 00	×						2,860	0	0
STEPHEN V BOUCHARD	2 00	х						3,203	0	0
EXECUTIVE COMMITTEE RONALD G BURD	2 00							4.260	0	
EXECUTIVE COMMITTEE JOSEPH F CHEFF	2 00	X						4,360	0	0
EXECUTIVE COMMITTEE	2 00	Х						2,860	0	0
LUCILLE A BLOOM EXECUTIVE COMMITTEE	2 00	x						3,362	0	О
GAYLE K FAULKNER	2 00	х						2,860	0	0
EXECUTIVE COMMITTEE BEVERLY A FIGLIOLI	2 00								_	_
EXECUTIVE COMMITTEE CARL E FRATZ	2.00	×						2,860	0	0
EXECUTIVE COMMITTEE	2 00	х						3,860	0	o
TONI E GUERRA	2 00	х						2,860	0	0
REGINA A ANDREWS-COLLETTE	2 00	×						2,860	0	0
EXECUTIVE COMMITTEE CHARLOTTE J BAYLEY	2 00							2,000		
EXECUTIVE COMMITTEE		Х						2,860	0	0
ROBIN C HOLCOMBE EXECUTIVE COMMITTEE	2 00	x						2,860	0	0
SUSAN J DAVIS	2 00	х						2,860	0	0
ROSEMARIE J JANKOWSKI	2 00	X						3,226	0	0
EXECUTIVE COMMITTEE MICHAEL E FRANK	2 00							3,220	0	<u> </u>
EXECUTIVE COMMITTEE		Х						2,860	0	0
ANDREW M JACOBS EXECUTIVE COMMITTEE	2 00	x						2,860	0	О
MICHAEL J KRUCZEK	2 00	х						3,859	0	0
DONNA MIRABELLI	2 00	,,						2.050		
EXECUTIVE COMMITTEE ARNETTA E JOHNSON	2 00	×						2,860	0	0
EXECUTIVE COMMITTEE		х						2,860	0	0
TERESA J PURCELL EXECUTIVE COMMITTEE	2 00	х						4,354	0	0
VICTORIA D MCKEON	2 00	×						2,860	0	0
EXECUTIVE COMMITTEE LAURIE A SCHORNO	2 00									
EXECUTIVE COMMITTEE	2.55	X						2,860	0	0
KIMBERLY L SCOTT EXECUTIVE COMMITTEE	2 00	x						2,860	0	0
	_					•			-	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (D) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation any hours organization (Worganizations (Wfrom the and a director/trustee) for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Individual : or director ♂ organizations related nstitutional Trustee mer below organizations employee dotted line) t compensated ee ANN MARGARET SHANNON 2 00 Χ 0 2,860 EXECUTIVE COMMITTEE ROY S TAMARGO 2 00 Χ 2,860 0 O EXECUTIVE COMMITTEE JOHN P WARD 2 00 Χ 2,860 0 EXECUTIVE COMMITTEE CHRISTINE SAMPSON-CLARK 2 00 0 0 Х 2,998 EXECUTIVE COMMITTEE MICHELE T YAKOPCIC 2 00 Х 3,911 0 0 EXECUTIVE COMMITTEE LINDA K MARTINS 2 00 Χ 2,860 0 0 EXECUTIVE COMMITTEE ANITA SCHWARTZ 2 00 Χ 2,637 0 0 EXECUTIVE COMMITTEE MARY SUE FISCO 2 00 Х 2,860 0 0 EXECUTIVE COMMITTEE SUSAN MCBRIDE 2 00 Χ 2,860 0 0 EXECUTIVE COMMITTEE ANDREW POLICASTRO 2 00 Χ 3,943 0 EXECUTIVE COMMITTEE ERIC L STINSON 2 00 Х 0 0 5,243 EXECUTIVE COMMITTEE EDWARD YARUSINSKY 2 00 Χ 2,860 0 0 EXECUTIVE COMMITTEE LOIS YUKNA 2 00 Χ 3,942 0 EXECUTIVE COMMITTEE ALVIN WILLIAMS 2 00 3,910 Х 0 0 EXECUTIVE COMMITTEE ANNETTE ALSTON 2 00 Χ 0 0 0 EXECUTIVE COMMITTEE COLLEEN S CURREN 2 00 Χ 0 0 O EXECUTIVE COMMITTEE SUSAN C MANIGLIA 2 00 Χ 0 0 0 EXECUTIVE COMMITTEE HEIDI M OLSON 2 00 Χ 0 0 0 EXECUTIVE COMMITTEE PATRICIA A PROVNICK 2 00 Χ 0 0 0 **EXECUTIVE COMMITTEE** MARILYN W RYAN 2 00 Χ 0 0 EXECUTIVE COMMITTEE KAREN M BERRY 2 00 Χ 0 0 0 EXECUTIVE COMMITTEE JOYCE POWELL 2 00 3,040 0 Х 0

Х

Χ

Χ

245,948

212,510

73,159

0

0

0

208,421

145,057

42,440

40 00

40 00

40 00

EXECUTIVE COMMITTEE WENDELL F STEINHAUER

SECRETARY-TREASURER

PRESIDENT

MARIE E BLISTAN

VICE PRESIDENT
SEAN M SPILLER

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	more th person and a						(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
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	2/1033 [1130]	2/1033 11130)	related organizations
BARBARA A KESHISHIAN	40 00			х				331,596	0	67,974
IMMEDIATE PAST PRESIDENT								,	-	,
TIMOTHY MCGUCKIN	40 00				х			247,498	0	220,277
BUSINESS DIRECTOR								•		
RICH GRAY	40 00					x		331,913	0	389,226
ASST EXECUTIVE DIRECTOR										
GINGER GOLD SCHNITZER DIRECTOR, GOVERNMENT RELAT	40 00					x		239,752	0	281,841
ZELLA FELZENBERG	40 00					х		273,310	0	385,007
ASSISTANT DIRECTOR, UNISER										
BRUCE IONNO MANAGER INFORMATION SYSTEM	40 00					x		385,396	0	432,716
STEVE WOLLMER	40 00									
COMMUNICATIONS DIRECTOR	40 00					х		250,426	0	153,400
COC.I.C.I.Z.II.Z.II.Z.II.Z.II.Z.II.Z	_				<u> </u>					<u> </u>

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493196000205

OMB No 1545-0047

Open to Public Inspection

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

Political Campaign and Lobbying Activities

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

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

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

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

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

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

		ed "Yes" to Form 990, Part IV, Line 6) organizations Complete Part III	e 5 (Proxy Tax) or For	rm 990-EZ, Part V, line 35c	(Proxy Tax), then
Na	ame of the organization W JERSEY EDUCATION ASSOCIA			Employer ide	ntification number
				21-0524390	
Par	rt I-A Complete if t	<u>he organization is exempt u</u>	nder section 501	(c) or is a section 52	7 organization.
1	Provide a description of	the organization's direct and indirec	t political campaign a	ctivities in Part IV	
2	Political expenditures			▶	\$
3	Volunteer hours				
Pai	rt I-B Complete if t	he organization is exempt u	nder section 501	(c)(3).	
1	Enter the amount of any	excise tax incurred by the organizat	tion under section 495	55	\$
2	Enter the amount of any	excise tax incurred by organization	managers under secti	on 4955 ►	\$
3	If the organization incur	☐ Yes ☐ No			
4a	Was a correction made?	,			☐ Yes ☐ No
b	, , , , , , , , , , , , , , , , , , ,				
	-	<u>he organization is exempt u</u>		-	01(c)(3).
1		ly expended by the filing organization		·	\$
2	Enter the amount of the exempt function activition	filing organization's funds contribute es	ed to other organizatio	ns for section 527	\$
3	Total exempt function e	xpenditures Add lines 1 and 2 Ente	r here and on Form 11	.20-POL, line 17b	\$
4	Did the filing organization	on file Form 1120-POL for this year?			⊤ Tes No
5	organization made paym amount of political conti	sses and employer identification num nents For each organization listed, e ributions received that were promptly nd or a political action committee (PA	nter the amount paid f y and directly delivere	rom the filing organization's d to a separate political org	funds Also enter the ganization, such as a
	(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-
ASS	NEW JERSEY EDUCATION OCIATION POLITICAL ACTION MMITTEE	180 WEST STATE STREET TRENTON,NJ 08607	22-2911965		978,152

Sch	nedule C (Form 990 or 990-EZ) 2013					Page 2
Pä	art II-A Complete if the organization	is exempt under	section 501(c)(3) and file	ed Form 5768	
_	under section 501(h)).		Link in Doub TV an	- h - 66:1: - h - d		a adduses FIN
٠.	Check ► If the filing organization belongs to a expenses, and share of excess lobb		iist in Part IV ea	ch amiliated gro	up members nam	e, address, EIN,
3	Check ► ☐ If the filing organization checked bo		l" provisions app	ly		
	Limits on Lobbying E (The term "expenditures" means ar		l .)		(a) Filing organization's totals	(b) Affiliated group totals
La	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
ь	Total lobbying expenditures to influence a legisl	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 1	o)		Γ		
d	O ther exempt purpose expenditures			Γ		
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount is columns	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	000		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lir	ue 1f)				
h	Subtract line 1g from line 1a If zero or less, ent	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file	Form 4720 repo	orting	┌ Yes ┌ No
	(Some organizations that made a columns below. See t	he instructions fo	ection do not r lines 2a thro	havè to con ough 2f on p		ne five
	Lobbying Exp	enditures During	4-Year Avera ⊤	ging Period	1	1
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
C	Total lobbying expenditures					
d	Grassroots nontaxable amount					

e Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N filed Form 5768 (election under section 501(h)).	TO			Page 3
	1 11	((a)		(b)
For e activ	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying rity.	Yes	No	An	nount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
a	Volunteers?				
b C	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
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 i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?				
j	Total Add lines 1c through 1i				
2a b	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5	01(c)(5), c	r sec	ction
	501(c)(6).			Τ.	
	Ware substantially all (00% or more) dues reserved pendeductible by members?				res No
1	Were substantially all (90% or more) dues received nondeductible by members?		-		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		-	3	'es No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? rt III-B Complete if the organization is exempt under section 501(c)(4), section 5	01/-	\ <u>\</u>	_	
FCI	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."				
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			
b	Carryover from last year	2b			
C	Total	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
E	political expenditure next year?	5			
5	Taxable amount of lobbying and political expenditures (see instructions) art IV Supplemental Information	3			
	Supplemental Information ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground)	p lıst),	Part II	-A, lın	e 2, and
Рa	rt II-B, line 1 Also, complete this part for any additional information				
	Return Reference Explanation				
PAR	NJEA PASSES THROUGH, IN A TIMELY MANNER, THE VOLUNTARY CONTRIBUTIONS RECEIVED FROM MEMBERS TO THE NEW JERSEY ASSOCIATION POLITICAL ACTION COMMITTEE				

201104410 3 (1 01111 3 3 0 01 3 3 0 12) 2 0 1 3		i age -i
Part IV Supplemental Information	on <i>(continued)</i>	
Return Reference	Explanation	

Schedule D (Form 990) 2013

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DLN: 93493196000205

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990)

Open to Public

al Revenue Service	ructions is at <u>www.irs.gov/roriii990</u> .		Inspection
me of the organization W JERSEY EDUCATION ASSOCIATION		Employer identificat	ion number
		21-0524390	
rt I Organizations Maintaining Donor A			Complete if the
organization answered "Yes" to Form 9		1 405 = 1 1	
T. 1. 1. 1. 1.	(a) Donor advised funds	(b) Funds and of	ther accounts
Total number at end of year			
Aggregate contributions to (during year)			
Aggregate grants from (during year)			
Aggregate value at end of year		1	
Did the organization inform all donors and donor addunds are the organization's property, subject to the	e organization's exclusive legal control?		┌ Yes ┌ No
Did the organization inform all grantees, donors, an used only for charitable purposes and not for the be conferring impermissible private benefit?			┌ Yes ┌ No
rt III Conservation Easements. Complete	e if the organization answered "Yes" t	o Form 990, Part IV,	line 7.
Purpose(s) of conservation easements held by the Preservation of land for public use (e g , recreat Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization he	cion or education)	historically important certified historic structi	ıre
easement on the last day of the tax year	a qualified conservation contribution in t	the form of a conservati	011
		Held at the E	nd of the Year
Total number of conservation easements		2a	
Total acreage restricted by conservation easement	ts	2b	
Number of conservation easements on a certified \boldsymbol{h}	ıstorıc structure ıncluded ın (a)	2c	
Number of conservation easements included in (c) historic structure listed in the National Register	acquired after 8/17/06, and not on a	2d	
Number of conservation easements modified, trans the tax year ►	ferred, released, extinguished, or terminate	ed by the organization d	urıng
Number of states where property subject to conserv	vation easement is located b		
Does the organization have a written policy regarding enforcement of the conservation easements it holds	ng the periodic monitoring, inspection, han		┌ Yes ┌ No
Staff and volunteer hours devoted to monitoring, ins	specting, and enforcing conservation easer	ments during the year	
A mount of expenses incurred in monitoring, inspect	ting, and enforcing conservation easement	s during the year	
Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sec	ction 170(h)(4)(B)(i)	┌ Yes ┌ No
In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	f the footnote to the organization's financia		
Organizations Maintaining Collecti Complete if the organization answered	ons of Art, Historical Treasures,	or Other Similar A	ssets.
If the organization elected, as permitted under SFA works of art, historical treasures, or other similar as service, provide, in Part XIII, the text of the footnomers.	S 116 (ASC 958), not to report in its reve ssets held for public exhibition, education,	or research in furtherar	
If the organization elected, as permitted under SFA works of art, historical treasures, or other similar as service, provide the following amounts relating to the	S 116 (ASC 958), to report in its revenue ssets held for public exhibition, education,	statement and balance	
(i) Revenues included in Form 990, Part VIII, line	1	- \$	
(ii) Assets included in Form 990, Part X			
If the organization received or held works of art, his following amounts required to be reported under SF.		or financial gain, provide	
Revenues included in Form 990, Part VIII, line 1	(,		
Assets included in Form 990, Part X		▶ \$	

Part :	Organizations Maintaining Control	llections of Art,	Histo	rical Tre	asures, or O	ther	Similar Ass	ets (con	itinued)
	Jsing the organization's acquisition, access collection items (check all that apply)	ion, and other records	s, chec	k any of the	e following that a	ire a s	ignificant use o	of its	
аГ	Public exhibition		d [Loan or	exchange progr	ams			
ь「	Scholarly research		е Г	- Other					
c 「	Preservation for future generations								
	Provide a description of the organization's c Part XIII	ollections and explain	n how th	ney further t	the organization	's exe	mpt purpose ın		
	During the year, did the organization solicit							_	_
	assets to be sold to raise funds rather than						<u>'</u>	Yes	l No
Part	IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar					u re	s to Form 99	υ,	
	s the organization an agent, trustee, custod ncluded on Form 990, Part X?					ets no		Yes	┌ No
b I	f "Yes," explain the arrangement in Part XI $$	II and complete the fo	ollowing	g table					
					<u> </u>		Amo	unt	
C	Beginning balance				<u> </u>	1c			
d ,	Additions during the year				-	1d			
е	Distributions during the year				_	1e			
f	Ending balance				L	1f			
2a [Old the organization include an amount on F	orm 990, Part X, line	21?				Г	Yes	∏ No
ь _I	f "Yes," explain the arrangement in Part XI	II Check here if the e	explana	tion has be	en provided in F	art XI	III		Γ
Part	V Endowment Funds. Complete								
4)	(a)Current year 2,406,200	(b)Prio	r year b 2,347,804	(c)Two years back 2,353,802	(d) Th	ree years back (e) Four yea	ars back 2,152,737
	Beginning of year balance	2,400,200		2,347,804	2,333,802		175,560		67,091
	Contributions						173,300		07,031
C l	vet investment earnings, gams, and losses	247,371		58,396	-5,998		46,657		-88,243
d (Grants or scholarships								
ā	Other expenditures for facilities and programs								
	Administrative expenses	2 (52 571		2,406,200	2 247 004		2 252 002		2,131,585
-	End of year balance	2,653,571		<u> </u>	2,347,804		2,353,802		2,131,385
	Provide the estimated percentage of the cur	rent year end balance	e (line 1	.g, column ((a)) held as				
a [Board designated or quasi-endowment 🕨								
b F	Permanent endowment ►								
	「emporarily restricted endowment ► 「he percentages in lines 2a, 2b, and 2c sho	uld equal 100%							
	Are there endowment funds not in the posse	ssion of the organizat	on tha	t are held a	nd administered	d for th	ne		
	organization by (i) unrelated organizations						3a(i)	Yes	No No
	(ii) related organizations						3a(ii)		
	f"Yes" to 3a(II), are the related organization		on Sch	edule R? .			3b	Yes	
4 [Describe in Part XIII the intended uses of t	he organization's endo	owment	funds					
Part	11a. See Form 990, Part X, line								
	Description of property			a) Cost or oth asis (investme			(c) Accumulated depreciation	(d) Boo	k value
1a La	ınd				1,081	,797		1	,081,797
b Bu	uldings				20,048	,880	9,623,243	10	,425,637
c Le	easehold improvements								
d Ed	quipment		. [6,227	,460	3,975,266	2	,252,194
e 0	· ·				2,118		3,975,266 1,716,703		,252,194 401,635 ,161,263

Part VII Investments—Other Securities. Com	plete if the organization	answered 'Yes' to Form 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. Cor	nplete if the organizatioi	n answered 'Yes' to Form 990, Part IV, line 11c
See Form 990, Part X, line 13.	(I) Paul males	A Matter to Contrate
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		i i
		<u> </u>
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		
), Part IV, line 11d See Form 990, Part X, line 15
(a) Descrip	tion	(b) Book value
Total (Column (h) must equal form 2000 Part V and (D) In 15	1	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Part X Other Liabilities. Complete if the organ		
Form 990, Part X, line 25.	<u></u>	
1 (a) Description of liability	(b) Book value	
Federal income taxes		
ACCRUED VACATION & SICK PAY	5,545,871	
DEFERRED COMPENSATION	286,445	
ACCRUED POSTRETIREMENT BENEFITS	113,164,682	
ACCRUED PENSION COST	35,098,630	
DUE TO NJEA HEALTH AND WELFARE BENEFITS PLAN	91,568	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	154,187,196	
2. Liability for uncertain tax positions In Part XIII, provide t	the text of the footnote to th	ne organization's financial statements that

PART XI, LINE 4B - OTHER

PART XII, LINE 4B - OTHER

ADJUSTMENTS

ADJUSTMENTS

Par		evenue per Audited Financial Stat vered 'Yes' to Form 990, Part IV, line 1		nts With R	evenue p	er R	eturn Complete If
1		r support per audited financial statements				1	134,277,283
2	• • • • • • • • • • • • • • • • • • • •	t not on Form 990, Part VIII, line 12					, , , , , , , , , , , , , , , , , , ,
а	Net unrealized gains on invest	ments	2a	4	,968,066		
b	Donated services and use of fa	acilities	2b				
С	Recoveries of prior year grants		2c				
d	Other (Describe in Part XIII)		2d				
e	Add lines 2a through 2d .					2e	4,968,066
3	Subtract line 2e from line 1 .					3	129,309,217
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1					
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b .	4a		331,513		
b	Other (Describe in Part XIII)		4b		7,000		
c	Add lines 4a and 4b					4 c	338,513
5	Total revenue Add lines 3 and	4c. (This must equal Form 990, Part I, line	12)			5	129,647,730
Par		xpenses per Audited Financial Sta swered 'Yes' to Form 990, Part IV, line			xpenses	per	Return. Complete
1		audited financial statements				1	128,173,646
2	Amounts included on line 1 bu	t not on Form 990, Part IX, line 25					
а	Donated services and use of fa	acılıtıes	2a				
b	Prior year adjustments		2b				
c	Otherlosses		2c				
d	Other (Describe in Part XIII)		2d				
e	Add lines 2a through 2d					2e	0
3	Subtract line ${f 2e}$ from line ${f 1}$.					3	128,173,646
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:					
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	4a		331,513		
b	Other (Describe in Part XIII)		4b		7,000		
c	Add lines 4a and 4b					4c	338,513
5		nd 4c. (This must equal Form 990, Part I, line	e 18)			5	128,512,159
Par	Supplemental Inf	ormation					
Part	ride the descriptions required for V, line 4, Part XI mation	Part II, lines 3, 5, and 9, Part III, lines 1a lines 2d and 4b, and Part XII, lines 2d and	and 4, 4b Al	Part IV , lines	s 1b and 2t this part to	provi	de any additional
	Return Reference	Explanation					
PART	V, LINE 4	THE FOUNDATION WAS ORGANIZED EXPURPOSES, TO ADVANCE AND IMPROVED PROFESSION IN NEW JERSEY THROUGH INNOVATIVE PROGRAMS OR PROJECTS INSTRUCTIONAL EXCELLENCE	E THE	E QUALITY C STUDY, CRE	F EDUCAT ATION AN	TION ID FU	AND THE TEACHING NDING OF
PART	X, LINE 2	MANAGEMENT EVALUATED NJEA'S TAX MAINTAINED ITS TAX EXEMPT STATUS THAT REQUIRE ADJUSTMENT TO THE F OR LIABILITY FOR INCOME TAXES HAS AT THE PRESENT TIME, NJEA IS NO LO	AND INAN BEEN	HAD TAKEN CIAL STATE I INCLUDED	NO UNCE MENTS TH IN THE FI	RTAII HEREF NANC	N TAX POSITIONS FORE, NO PROVISION CIAL STATEMENTS

US FEDERAL, STATE, OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2010

GAIN ON DISPOSAL OF FIXED ASSETS 7,000

GAIN ON DISPOSAL OF FIXED ASSETS 7,000

•	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I

(Form 990)

DLN: 93493196000205

OMB No 1545-0047

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 Open to Public Department of the Treasury **Inspection** Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization NEW JERSEY EDUCATION ASSOCIATION 21-0524390 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ✓ Yes ☐ No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name and address of **(b)** EIN (c) IRC Code (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization section valuation non-cash assistance grant cash orassistance or government if applicable assistance (book, FMV, appraisal, other) See Additional Data Table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

40

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

(a)Type of grant or assistance	ce	(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 I	nforma	tion. Provide the info	ormation required in Pa	rt I, line 2, Part III, col	umn (b), and any other a	dditional information.	
Return Reference	Explanation						
PART I, LINE 2	ALL GRANTS/DONATIONS ARE APPROVED BY THE NJEA EXECUTIVE COMMITTEE ORGANIZATION RECEIVING DONATIONS SUBMIT						

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

Additional Data

Software ID:

Software Version:

EIN: 21-0524390

Name: NEW JERSEY EDUCATION ASSOCIATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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 LEARNING 115 FRANKLIN TURNPIKE 203 MAHWAH,NJ 07430	77-0667571	501(C)(3)	750,000				FINANCIAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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		
AFRICAN AMERICAN HERITAGE PARADE PO BOX 1104 NEWARK,NJ 07101		N/A	75,000				FINANCIAL SUPPORT		

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) 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			
BOYS & GIRLS CLUB GLOUCESTER COUNTY INC 2 CENTER STREET GLASSBORO,NJ 08028	54-2075655	501(C)(3)	5,000				FINANCIAL SUPPORT			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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		
KOMEN BREAST CANCER FOUNDATION TWO PRINCESS ROAD SUITE D LAWRENCEVILLE,NJ 08648	43-2052349	501(C)(3)	20,000				FINANCIAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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		

form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) 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 STATE CONF OF THE NAACP PO BOX 1706 MONTCLAIR,NJ 07042	22-6095670	501(C)(3)	10,750				FINANCIAL SUPPORT		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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)	12,500				FINANCIAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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 COMMISSION FOR HOLOCAUST EDUCATION PO BOX 500 TRENTON,NJ 08625		GOVERNMENTAL AGENCY	50,000				FINANCIAL SUPPORT				

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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 BLACK UNITED FUND INC 40 CLINTON STREET 5TH FLR NEWARK,NJ 07102	95-2970559	501(C)(3)	5,000				FINANCIAL SUPPORT				

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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 LATINO INSTITUTE INC 50 PARK PLACE SUITE 1539 NEWARK,NJ 07102	20-1516874	501(C)(3)	200,000				FINANCIAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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			
BOYS & GIRLS CLUB OF CAMDEN COUNTY INC 1709 PARK BLVD CAMDEN,NJ 08103	22-3670025	501(C)(3)	30,000				FINANCIAL SUPPORT FOR RA GIVEAWAY PLEDGE			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) 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 HALL OF FAME (TICKETS) 4 RIDGE RD LEBANON,NJ 08833	22-3291935	501(C)(3)	35,000				FINANCIAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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 120 FINDERNE AVENUE STE 10 BRIDGEWATER,NJ 08807	30-0383808	501(C)(3)	20,000				FINANCIAL SUPPORT			

Form 990, Schedule 1, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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			
BOYS & GIRLS CLUB OF NJ 822 CLIFTON AVE CLIFTON,NJ 07012	22-1589377	501(C)(3)	15,000				FINANCIAL SUPPORT			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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			
GLSEN INC 247 CENTRE ST 7TH FLR NEW YORK, NY 10013	04-3234202	501(C)(3)	15,000			1	FINANCIAL SUPPORT			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) 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			
BOYS & GIRLS CLUB OF PATERSON AND PASSAIC INC 264 21ST AVENUE PATERSON,NJ 07501	22-1726665	501(C)(3)	30,000				FINANCIAL SUPPORT			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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 NEA FOUNDATION 1201 16TH ST NW STE 416 WASHINGTON, DC 20036	23-7035089	501(C)(3)	12,500				FINANCIAL SUPPORT		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) 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)	45,400				FINANCIAL SUPPORT			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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		
DARE NEW JERSEY INC 292 PROSPECT PLAINS RD CRANBURY,NJ 08512	22-3067748	501(C)(3)	15,000				FINANCIAL SUPPORT		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) 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			
BOYS & GIRLS CLUB OF TRENTON & MERCER COUNTY INC 212 CENTRE STREET TRENTON,NJ 08611	21-0634556	501(C)(3)	30,000				FINANCIAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) 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			
CONSERVE WILDLIFE FOUND OF NJ 501 EAST STATE ST PO BOX 400 TRENTON,NJ 08625	22-3130406	501(C)(3)	5,000				FINANCIAL SUPPORT			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
BRAIN INJURY ALLIANCE OF NJ INC 825 GEORGES ROAD NORTH BRUNSWICK,NJ 08902	22-2431796	501(C)(3)	17,850				FINANCIAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) 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 EDUCATION ASSOCIATION 1201 16TH ST NW STE 416 WASHINGTON, DC 20036	53-0115260	501(C)(5)	5,000				FINANCIAL SUPPORT			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) 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			
COLORADO EDUCATION ASSOCIATION 1500 GRANT STREET DENVER,CO 80203	84-0172608	501(C)(5)	10,000				FINANCIAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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			
CENTER FOR HOLOCAUST HUMAN RIGHTS & GENOCIDE EDUCATION INC 765 NEWMAN SPRINGS ROAD LINCROFT,NJ 07738	46-1050829	501(C)(3)	5,000				FINANCIAL SUPPORT			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) 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 EDUCATION FUND 744 BROAD STREET NEWARK,NJ 07102	22-2493628	501(C)(3)	5,000				FINANCIAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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 COALITION FOR INCLUSIVE ED 9H AUER CT WILLIAMSBURG OFFICE EAST BRUNSWICK,NJ 08816	22-3389917	501(C)(3)	5,000				FINANCIAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) 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			
WORKING FAMILIES UNITED FOR NJ 59 GARFIELD AVENUE BRIDGETON,NJ 08302	90-0661677	501(C)(4)	10,000				FINANCIAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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			
EAGLETON INSTITUTE OF POLITICS (RUTGERS UNIVERSITY FOUNDATION) 191 RYDERS LANE NEW BRUNSWICK, NJ 08901	23-7318742	501(C)(3)	5,000				FINANCIAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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	501(C)(3)	5,000				FINANCIAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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		
DRUMTHWACKET FOUNDATION INC 354 STOCKTON ST PRINCETON,NJ 08540	22-2429563	501(C)(3)	5,000				FINANCIAL SUPPORT		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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		
GARDEN STATE FORWARD 180 WEST STATE STREET TRENTON,NJ 08607	46-2383979	N/A	9,298,172				O RGA NIZATIO NA L CO NTRIBUTIO N		

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
EDUCATION LAW CENTER 60 PARK PLACE SUITE 300 NEWARK,NJ 07102	22-2014555	501(C)(3)	553,500				FINANCIAL SUPPORT		

-orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) 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			

form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) 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 TESTING 251 PHILLIP STREET JERSEY CITY,NJ 07305	22-2653502	501(C)(3)	5,000				FINANCIAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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 TEACHERS HALL OF FAME 1200 COMMERCIAL CAMPUS BOX 40 EMPORIA,KS 66801	48-1085948	501(C)(3)	5,000				FINANCIAL SUPPORT		

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) 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		
NEW JERSEY CITIZEN ACTION 744 BROAD STREET NEWARK,NJ 07102	22-2395222	501(C)(4)	5,000				FINANCIAL SUPPORT		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NEW JERSEY CITY UNIVERSITY 2039 KENNEDY BLVD STE 112-D JERSEY CITY,NJ 07305	23-7261698	501(C)(3)	15,000				FINANCIAL SUPPORT			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) 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			
NEW JERSEY PTA 8 QUAKERBRIDGE PLAZA STE F MERCERVILLE,NJ 08619	23-7210248	501(C)(3)	7,500				FINANCIAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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 CHAMBER OF COMMERCE FOUNDATION 216 W STATE STREET 3RD FLR TRENTON,NJ 08608	22-3490986	501(C)(3)	15,000				FINANCIAL SUPPORT		

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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 STATE FMBA FOUNDATION 1447 CAMPBELL ST RAHWAY,NJ 07065	22-3596208	501(C)(3)	5,000				FINANCIAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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		
RUTGERS UNIVERSITY FOUNDATION 7 COLLEGE AVENUE WINANTS HALL NEW BRUNSWICK, NJ 08901	23-7318742	501(C)(3)	119,100				FINANCIAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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		
PROJECT RE- DIRECTYOUTH & FAMILY PO BOX 3223 NEWARK,NJ 07102	22-3465029	501(C)(3)	5,000				FINANCIAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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			
SOCIETY FOR PREVENTION OF TEEN SUICIDE INC 111 WEST MAIN STREET FREEHOLD,NJ 07728	06-1738917	501(C)(3)	5,000				FINANCIAL SUPPORT			

Form 990,Schedule 1, Pa	form 990,Schedule 1, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
STATEWIDE EDUCATION ORGANIZING COMMITTEE INC 601 N CLINTON AVENUE TRENTON,NJ 08638	55-0901525	501(C)(3)	50,000				FINANCIAL SUPPORT		

Form 990,Schedule I, Par	orm 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) 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		
STOP THE PRIVATIZATION OF NJ TURNPIKE		N/A	5,000				FINANCIAL SUPPORT		

Form 990,Schedule 1, Pa	form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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			
TEQUIPMENT INC 7 NORDEN LANE HUNTINGTON STATION, NY 11746	11-2266592	N/A	25,000				PROFESSIONAL DEVELOPMENT SYSTEMS			

Form 990,Schedule I, Pai	Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) 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 POLICY PERSPECTIVE INC 137 W HANOVER STREET TRENTON,NJ 08618	22-3492715	501(C)(3)	125,000				FINANCIAL SUPPORT		

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DLN: 93493196000205

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Compensation Information

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Internal Revenue Service Name of the organization NEW JERSEY EDUCATION ASSOCIATION

Employer identification number

21-0524390

Pa	rt I Questions Regarding Compensation	1			
		_		Yes	No
1a	Check the appropriate box(es) if the organization provided any of t 990, Part VII, Section A, line 1a Complete Part III to provide an				
	First-class or charter travel House	ing allowance or residence for personal use			
	▼ Travel for companions	nents for business use of personal residence			
		th or social club dues or initiation fees			
	Discretionary spending account Person	onal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization following reimbursement or provision of all of the expenses described above	e? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or		2	Yes	
	directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?				
3	Indicate which, if any, of the following the filing organization used organization's CEO/Executive Director Check all that apply Dorused by a related organization to establish compensation of the C	not check any boxes for methods EO/Executive Director, but explain in Part III			
	·	en employment contract			
		pensation survey or study			
	Form 990 of other organizations Appr	oval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Sector a related organization	ion A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control payment?		4a	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?				Νο
c	c Participate in, or receive payment from, an equity-based compensation arrangement?				
	If "Yes" to any of lines 4a-c, list the persons and provide the appl	icable amounts for each item in Part III			
_	Only 501(c)(3) and 501(c)(4) organizations only must complete li				
5	For persons listed in Form 990, Part VII, Section A, line 1a, did to compensation contingent on the revenues of	ne organization pay or accrue any			
_	The organization?		5a		
a	Any related organization?	-	5a 5b		
U	If "Yes," to line 5a or 5b, describe in Part III	-	30		
6	·	ho organization pay or accrus any			
0	For persons listed in Form 990, Part VII, Section A, line 1a, did to compensation contingent on the net earnings of	ne organization pay or accrue any			
а	The organization?		6a		
b	Any related organization?		6b		
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line 1a, did to payments not described in lines 5 and 6? If "Yes," describe in Pa		7		
8	Were any amounts reported in Form 990, Part VII, paid or accure				
	subject to the initial contract exception described in Regulations	section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III		8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presection 53 4958-6(c)?	resumption procedure described in Regulations	9		

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

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

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

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation				
See Addıtıonal Data Table							

Schedule J (Form 990) 2013

Part III Supplemental Information

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

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

Schedule J (Form 990) 2013

Software ID: **Software Version:**

EIN: 21-0524390

Name: NEW JERSEY EDUCATION ASSOCIATION

Form 990, Schedule J, Pa	<u>art II</u>	<u> Officers, Direc</u> t	.ors, Trustees, Ke	y Employees, and	Highest Compens	ated Employees		
(A) Name			of W-2 and/or 1099-MIS		(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
EDWARD J RICHARDSON EXECUTIVE DIRECTOR	(I)) 233,688) 0	0	0	438,036 0	32,203 0	703,927	0
VINCENT E GIORDANO PAST EXECUTIVE DIRECTOR	(I)) 0	o o	0	376,483 0	30,700 0	899,062	0
WENDELL F STEINHAUER PRESIDENT	(I) (II)) 0	Ö	1 -1	176,218	32,203 0	454,369	0
MARIE E BLISTAN VICE PRESIDENT	(1) (11)) 212,510) 0	0 0	- I	112,854	32,203 0	357,567	0
BARBARA A KESHISHIAN IMMEDIATE PAST PRESIDENT	(I)		0 0	0	59,809 0	8,165 0	399,570 0	0
TIMOTHY MCGUCKIN BUSINESS DIRECTOR	(I) (II)		0 0	1 -1	192,450 0	27,827 0	467,775 0	0
RICH GRAY ASST EXECUTIVE DIRECTOR	(I) (II))) 331,913)	0 0	1	358,526 0	30,700 0	721,139	0
GINGER GOLD SCHNITZER DIRECTOR, GOVERNMENT RELAT	(I) (II)		0 0	0	248,457	33,384 0	521,593 0	0
ZELLA FELZENBERG ASSISTANT DIRECTOR, UNISER	(I) (II)) 273,310) 0	0 0	1 1	351,623 0	33,384 0	658,317	0
BRUCE IONNO MANAGER INFORMATION SYSTEM	(I) (II)) 0	o o	0	399,332 0	33,384 0	818,112	0
STEVE WOLLMER COMMUNICATIONS DIRECTOR	(I) (II)		0	0	131,506	21,894 0	403,826	0

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SCHEDULE O

As Filed Data -

DLN: 93493196000205

2013

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

Name of the organization
NEW JERSEY EDUCATION ASSOCIATION

21-0524390

Return Reference	Explanation
	NEW JERSEY EDUCATION ASSOCIATION (NJEA) IS A MEMBERSHIP ORGANIZATION MEMBERSHIP TO NJEA IS DESCRIBED IN ARTICLE III OF ITS CONSTITUTION WHICH IS AVAILABLE UPON REQUEST

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

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

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

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

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

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

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

Return Reference	Explanation
· ·	NEW JERSEY EDUCATION ASSOCIATION'S (NJEA) GOVERNING BODY IS RESPONSIBLE FOR OVERSEEING THE FINANCIAL STATEMENT AUDIT AND SELECTION OF THE INDEPENDENT ACCOUNTANT THAT PERFORMS THE AUDIT NJEA'S FINANCIAL STATEMENTS ARE PREPARED ON A CONSOLIDATED BASIS

SCHEDULE R

Related Ord

Related Organizations and Unrelated Partnerships

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 ► Attach to Form 990.
 ► See separate instructions.

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

2013

Employer identification number

21-0524390

DLN: 93493196000205

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization NEW JERSEY EDUCATION ASSOCIATION

(Form 990)

(a) Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	(e) End-of-year assets	Di	(7) irect controlling entity		
Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the	t ions Complete ıf t tax year.	he organization ar	nswered "Yes" o	on Form 990, Pa	art IV, I	line 34 because it	had or	ie
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	Public charity (if section 501)	status (c)(3))	(f) Direct controlling entity	Section (13) co ent	ity?
See Additional Data Table							Yes	No
Secretarional bata Table								
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 501:	35Y	<u> </u>		Schedule R (Form	990) 2	013

Part III	Identification of Related Org because it had one or more rela						ation ansv	vered "Ye	es" on	Form	990, Part	IV, lu	ne 34	ļ
	(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	entity -	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		(h) Disproprtionate r allocations?				i) ral or aging ner?	(k) Percentage ownership
						,			Yes	No		Yes	s No	
												igspace		
												\vdash		
Part IV	Identification of Related Org line 34 because it had one or mo	ore related organız							wered	d "Yes				IV,
Na	(a) ame, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct controllin entity	(e) Type of entit (C corp, S corp, or trust)	y Share of income	total Share	(g) e of end- -year ssets		(h) ercentage wnership	Section (b) (continue)	i) on 512 (13) rolled city?	No.
							1			-	ĺ	Yes	•	No
												l		

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

Yes No

1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more r	elated organizations li	sted in Parts II-IV?							
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No			
b Gift, grant, or capital contribution to related organization(s)										
c	Gift, grant, or capital contribution from related organization(s)				1c	Yes				
d Loans or loan guarantees to or for related organization(s)										
е	Loans or loan guarantees by related organization(s)				1e		No			
f	Dividends from related organization(s)				1f		No			
g	Sale of assets to related organization(s)				1g		No			
h	Purchase of assets from related organization(s)				1h		No			
i	Exchange of assets with related organization(s)				1i		No			
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		No			
					4.					
	Lease of facilities, equipment, or other assets from related organization(s)				1k		No			
	Performance of services or membership or fundraising solicitations for related organization(s)				11		No			
	Performance of services or membership or fundraising solicitations by related organization(s)				1m		No			
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No			
0	Sharing of paid employees with related organization(s)				10		No			
р	Reimbursement paid to related organization(s) for expenses				1p		No			
q	Reimbursement paid by related organization(s) for expenses				1q		No			
r	Other transfer of cash or property to related organization(s)				1r	Yes				
	Other transfer of cash or property from related organization(s)				1s		No			
_										
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete (a)	(b)	(c)	(d)						
	Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amo	ount i	nvolved	l			
1) N	JEA POLITICAL ACTION COMMITTEE	R	978,152	CASH						
2) F	EDERICK L HIPP FOUNDATION	В	50,000	CASH						
3) N	JEA MEMBER BENEFIT FUND	С	33,000	CASH						

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

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

revenue) that was not a related organization. See instructions i													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) all partners section 501(c)(3) anizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations ⁷	_	(i) Code V ² UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	_	(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1	
													_
			<u> </u>				l					<u> </u>	

Schedule R (Form 990) 2013

Part VII Supplemental Information

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

Return Reference Explanation

Schedule R (Form 990) 2013

Software ID: Software Version:

EIN: 21-0524390

Name: NEW JERSEY EDUCATION ASSOCIATION

Form 990, Schedule R, Part II - Identification of R	elated Tax-Exempt Or	ganizations					ľ
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	Section (b)(continue)	(g) ion 512)(13) trolled itity?
THE		ļ				Yes	No
(1) NEW JERSEY EDUCATION ASSOCIATION HEALTH AND WELFARE BENEFITS TRUST 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607	HEALTH AND WELFARE BENEFITS	NJ	501(C)(9)				No
91-2003765				'		_	_'
(1) PAUL DIMITRIADIS RIGHTS FUND	LABOR ORGANIZATION	ι	501(C)(5)	1			No
180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 22-2306050							
(2) NJEA BOLIVAR GRAHAM INTERN FUND	CHARITABLE ORGANIZATION	ΝJ	501(C)(3)	509(A)(3)			No
180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 22-2165927							
(3) NJEA EMPLOYEES' RETIREMENT TRUST FUND	PENSION FUND	ΝJ	401(A)/501(A)	!			No
180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 21-0524390							
(4) NJEA SUPPLEMENTAL SAVINGS PLAN	PENSION FUND	СN	401(A)/501(A)	1			No
180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 _21-0524390							
(5) NJEA POLITICAL ACTION COMMITTEE	POLITICAL ACTION COMMITTEE	NJ	SECTION 527				No
180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 22-2911965							
(6) FEDERICK L HIPP FOUNDATION	CHARITABLE ORGANIZATION	NJ	501(C)(3)	170(B)(1)(A)(VI)			No
180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 _22-3277861							
(7) NJEA MEMBER BENEFIT FUND	WELFARE BENEFIT FUND	ίΝ	501(C)(9)				No
180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 13-4270499							
(8) GARDEN STATE FORWARD	POLITICAL ACTION COMMITTEE	ίΝ	SECTION 527	T '			No
180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 46-2383979							