

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)  
▶ Do not enter social security numbers on this form as it may be made public  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

## A For the 2016 calendar year, or tax year beginning 09-01-2016, and ending 08-31-2017

- B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final  
 Return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
NEW JERSEY EDUCATION ASSOCIATION

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite  
180 W STATE STREET PO BOX 1211

City or town, state or province, country, and ZIP or foreign postal code  
TRENTON, NJ 086071211

**D** Employer identification number  
21-0524390

**E** Telephone number  
(609) 599-4561

**G** Gross receipts \$ 149,396,249

**F** Name and address of principal officer  
MARIE BLISTAN  
180 W STATE STREET PO BOX 1211  
TRENTON, NJ 086071211

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)

**I** Tax-exempt status  501(c)(3)  501(c) ( 5 ) ◀ (insert no)  4947(a)(1) or  527

**J** Website: ▶ WWW NJEA ORG

**H(c)** Group exemption number ▶

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1853

**M** State of legal domicile NJ

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities  
THIS ASSOCIATION IS ESTABLISHED TO PROMOTE THE EDUCATION INTERESTS OF THE STATE, TO PROMOTE EQUAL EDUCATIONAL OPPORTUNITY FOR ALL STUDENTS, TO SECURE AND MAINTAIN FOR THE OFFICE OF TEACHING ITS TRUE POSITION AMONG THE PROFESSIONS, TO PROMOTE AND GUARD THE INTERESTS OF EMPLOYEES WHO ARE IN EMPLOYMENT CATEGORIES ELIGIBLE FOR MEMBERSHIP

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	41
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	38
<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	548
<b>6</b> Total number of volunteers (estimate if necessary)	0
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	262,257
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	7,776,170	6,665,442
<b>9</b> Program service revenue (Part VIII, line 2g)	123,114,257	126,984,206
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,825,609	5,042,113
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	38,459	15,311
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	135,754,495	138,707,072
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,278,781	8,240,269
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	52,515	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	66,193,499	68,877,641
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	59,119,747	62,438,220
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	132,644,542	139,556,130
<b>19</b> Revenue less expenses Subtract line 18 from line 12	3,109,953	-849,058

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	148,127,950	155,805,772
<b>21</b> Total liabilities (Part X, line 26)	230,831,734	198,253,648
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	-82,703,784	-42,447,876

## Part II Signature Block

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

**Sign Here** \*\*\*\*\*  
Signature of officer \_\_\_\_\_ Date 2018-07-13  
STEVE BEATTY SECRETARY-TREASURER  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name Louis Verzella CPA	Preparer's signature Louis Verzella CPA	Date 2018-06-28	Check <input type="checkbox"/> if self-employed	PTIN P00360279
Firm's name ▶ NOVAK FRANCELLA LLC			Firm's EIN ▶ 61-1436956	
Firm's address ▶ ONE PRESIDENTIAL BLVD SUITE 330 BALA CYNWYD, PA 19004			Phone no (610) 668-9400	

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

The mission of the New Jersey Education Association is to advance and protect the rights, benefits, and interests of members, and promote a quality system of public education for all students

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

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

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

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
See Additional Data

















**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .		No
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> 	Yes	
<b>4 Section 501(c)(3) organizations.</b> 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> . . . . .		
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> 	Yes	
<b>6</b> 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> 		No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 		No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> 		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 	Yes	
<b>11</b> 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 <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> 	Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 	Yes	
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 		No
<b>d</b> 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> 		No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> 	Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 		No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 	Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . .		No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . .		No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . .		No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) . . . . .		No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .		No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .		No

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	Yes	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		No
<b>23</b> 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>	Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		No
<b>27</b> 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>		No
<b>28</b> 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)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>c</b> 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>		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		No
<b>33</b> 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>		No
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (41), 1b (38), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17, 18, 19, 20.

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

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for Sub-Total, Total from continuation sheets to Part VII, Section A, and Total (add lines 1b and 1c).

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 145

Table with 3 columns: Question (3, 4, 5), Yes, No. Questions regarding former officers, compensation over \$150,000, and compensation from unrelated organizations.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like NEW MEDIA FIRM, CARUSO SMITH EDELL PICINI PC, etc.

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 72



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>				
	<b>d</b> Related organizations . . . . .	<b>1d</b>				
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	6,665,442			
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____					
	<b>h Total.</b> Add lines 1a-1f . . . . .		6,665,442			
<b>Program Service Revenue</b>		Business Code				
	<b>2a</b> MEMBERSHIP DUES	900099	125,135,687	125,135,687		
	<b>b</b> CONFERENCES	900099	891,642	891,642		
	<b>c</b> CONVENTION	900099	592,096	592,096		
	<b>d</b> PUBLICATION INCOME	511190	262,257		262,257	
	<b>e</b> ROYALTY INCOME	900099	102,524		102,524	
	<b>f</b> All other program service revenue . . . . .					
	<b>g Total.</b> Add lines 2a-2f . . . . .		126,984,206			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		2,900,565		2,900,565	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b> Royalties . . . . .					
	<b>6a</b> Gross rents	(i) Real				
		(ii) Personal				
		<b>b</b> Less rental expenses . . . . .				
		<b>c</b> Rental income or (loss) . . . . .				
	<b>d</b> Net rental income or (loss) . . . . .					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	12,432,638			
		(ii) Other		398,087		
		<b>b</b> Less cost or other basis and sales expenses . . . . .	10,481,949		207,228	
		<b>c</b> Gain or (loss) . . . . .	1,950,689		190,859	
	<b>d</b> Net gain or (loss) . . . . .		2,141,548		2,141,548	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>				
		<b>b</b> Less direct expenses . . . . .	<b>b</b>			
<b>c</b> Net income or (loss) from fundraising events . . . . .						
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
	<b>b</b> Less direct expenses . . . . .	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
	<b>b</b> Less cost of goods sold . . . . .	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory . . . . .					
Miscellaneous Revenue	Business Code					
<b>11a</b> OTHER INCOME	900099	15,311		15,311		
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . .		15,311				
<b>12 Total revenue.</b> See Instructions . . . . .		138,707,072	126,619,425	262,257	5,159,948	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	8,240,269			
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	3,617,771			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	30,870,759			
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	22,249,504			
<b>9</b> Other employee benefits	9,900,149			
<b>10</b> Payroll taxes	2,239,458			
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management				
<b>b</b> Legal	14,108,188			
<b>c</b> Accounting	133,700			
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services See Part IV, line 17				
<b>f</b> Investment management fees	439,551			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,770,218			
<b>12</b> Advertising and promotion	7,303,884			
<b>13</b> Office expenses	3,690,464			
<b>14</b> Information technology	2,036,516			
<b>15</b> Royalties				
<b>16</b> Occupancy	3,181,094			
<b>17</b> Travel	3,499,686			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	4,047,059			
<b>20</b> Interest				
<b>21</b> Payments to affiliates	5,248,378			
<b>22</b> Depreciation, depletion, and amortization	2,176,564			
<b>23</b> Insurance	312,009			
<b>24</b> 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.)				
<b>a</b> ORGANIZING EXPENSES	7,608,373			
<b>b</b> TRAINING PROG & SERV	4,080,416			
<b>c</b> PUBLIC/government RELAT	1,804,925			
<b>d</b> COMMITTEE EXPENSES	414,294			
<b>e</b> All other expenses	582,901			
<b>25</b> Total functional expenses. Add lines 1 through 24e	139,556,130			
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	11,662,015	<b>1</b>	9,245,876
	<b>2</b> Savings and temporary cash investments . . . . .	2,292,487	<b>2</b>	2,238,993
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	1,364,383	<b>4</b>	1,449,060
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> 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		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	28,365	<b>8</b>	10,550
	<b>9</b> Prepaid expenses and deferred charges . . . . .	784,274	<b>9</b>	1,212,513
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 31,876,514		
	<b>b</b> Less accumulated depreciation	<b>10b</b> 18,475,067		
	<b>11</b> Investments—publicly traded securities . . . . .	14,022,759	<b>10c</b>	13,401,447
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	106,175,785	<b>11</b>	117,311,670
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	10,257,030	<b>12</b>	9,259,917
	<b>14</b> Intangible assets . . . . .		<b>13</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .		<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	1,540,852	<b>15</b>	1,675,746	
	148,127,950	<b>16</b>	155,805,772	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	5,382,659	<b>17</b>	4,276,279
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	883,962	<b>19</b>	1,315,336
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	563,115	<b>23</b>	115,029
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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	224,001,998	<b>25</b>	192,547,004
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	230,831,734	<b>26</b>	198,253,648
<b>Net Assets or Fund Balances</b>	<b>27</b> <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b> Unrestricted net assets	-82,728,784	<b>27</b>	-42,472,876
	<b>28</b> Temporarily restricted net assets . . . . .	25,000	<b>28</b>	25,000
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>30</b> <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	-82,703,784	<b>33</b>	-42,447,876
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	148,127,950	<b>34</b>	155,805,772

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	138,707,072
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	139,556,130
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	-849,058
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	-82,703,784
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	5,751,722
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	35,353,244
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	-42,447,876

**Part XII Financial Statements and Reporting**

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

		Yes	No
<p><b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p><b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	<b>2a</b>		No
<p><b>b</b> Were the organization's financial statements audited by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	<b>2b</b>	Yes	
<p><b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	<b>2c</b>	Yes	
<p><b>3a</b> 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?</p>	<b>3a</b>		No
<p><b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>	<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 21-0524390

**Name:** NEW JERSEY EDUCATION ASSOCIATION

Form 990 (2016)

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**Form 990, Part III, Line 4a:**

TO ASSIST ALL MEMBERS IN THE ECONOMIC, PROFESSIONAL AND SOCIAL ADVANCEMENT OF THEIR CONDITION AND STATUS

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
REGINA A ANDREWS-COLLETTE ..... executive Committee	2 00 .....	X						3,146	0	0
FRANCISCO C BARQUIN ..... Executive Committee	2 00 .....	X						0	0	0
CHARLOTTE J Bayley ..... executive Committee	2 00 .....	X						3,146	0	0
Janet S Bischak ..... Executive Committee	2 00 .....	X						3,146	0	0
Joseph F Cheff ..... executive Committee	2 00 .....	X						3,146	0	0
CHRISTINE CLARK ..... executive Committee	2 00 .....	X						3,146	0	0
SUSAN E CLARK ..... executive Committee	2 00 .....	X						0	0	0
RICHARD F D'AVANZO ..... executive Committee	2 00 .....	X						0	0	0
SUSAN J DAVIS ..... Executive Committee	2 00 .....	X						3,146	0	0
Gayle K Faulkner ..... executive Committee	2 00 .....	X						3,146	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Beverly A Figlioli ..... executive Committee	2 00 .....	X						3,146	0	0
JAMES R FRAZIER ..... executive Committee	2 00 .....	X						0	0	0
RONALD F GRECO ..... executive Committee	2 00 .....	X						0	0	0
PETER A HELFF ..... Executive Committee	2 00 .....	X						3,146	0	0
AARON P HONAKER ..... executive Committee	2 00 .....	X						0	0	0
ANDREW M JACOBS ..... executive Committee	2 00 .....	X						3,487	0	0
Susan C Maniglia ..... Executive Committee	2 00 .....	X						3,146	0	0
LINDA K MARTINS ..... Executive Committee	2 00 .....	X						3,146	0	0
ELIZABETH MILLER ..... Executive Committee	2 00 .....	X						3,602	0	0
SUSAN MCBRIDE ..... Executive Committee	2 00 .....	X						3,146	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PETER J MORAN ..... executive Committee	2 00 .....	X						0	0	0
VICTORIA D MCKEON ..... executive Committee	2 00 .....	X						3,146	0	0
GARY P MELTON ..... Executive Committee	2 00 .....	X						3,146	0	0
DEANNA J NICOSIA-JONES ..... Executive Committee	2 00 .....	X						3,146	0	0
Heidi M Olson ..... Executive Committee	2 00 .....	X						3,146	0	0
JUDITH C PERKINS ..... Executive Committee	2 00 .....	X						0	0	0
ANDREW POLICASTRO ..... Executive Committee	2 00 .....	X						3,146	0	0
Patricia A Provnick ..... Executive Committee	2 00 .....	X						3,595	0	0
ASHANTI T RANKIN ..... Executive Committee	2 00 .....	X						3,146	0	0
Laurie A Schorno ..... executive Committee	2 00 .....	X						3,146	0	0



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Kimberly L Scott ..... executive Committee	2 00 .....	X						3,146	0	0
Ann Margaret Shannon ..... executive Committee	2 00 .....	X						3,146	0	0
FRANK E TOTH ..... executive Committee	2 00 .....	X						3,146	0	0
Marilyn WEEKS-RYAN ..... Executive Committee	2 00 .....	X						3,146	0	0
EDWARD YARUSINSKY ..... Executive Committee	2 00 .....	X						3,480	0	0
LOIS YUKNA ..... Executive Committee	2 00 .....	X						3,162	0	0
Wendell F Steinhauer ..... President	40 00 .....			X				360,013	0	335,106
Marie E Blistan ..... Vice President	40 00 .....			X				243,881	0	134,548
Sean M Spiller ..... Secretary-Treasurer	40 00 .....			X				282,717	0	88,240
Edward J Richardson ..... Executive Director	40 00 .....				X			368,568	0	104,883

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEVE SWETSKY ..... ASSISTANT EXECUTIVE DIRECT	40 00 .....				X			323,909	0	237,233
TIMOTHY MCGUCKIN ..... BUSINESS DIRECTOR	40 00 .....				X			300,057	0	634,251
MATTHEW DIRADO ..... HR MANAGER	40 00 .....				X			239,134	0	84,312
KAREN KRYVEN ..... COMPTROLLER	40 00 .....					X		284,097	0	162,240
GINGER GOLD SCHNITZER ..... ASSISTANT DIRECTOR, UNISER	40 00 .....					X		267,589	0	123,482
CARMEN GONZALEZ GANNON ..... ASSISTANT DIRECTOR, UNISER	40 00 .....					X		289,055	0	165,074
JAMES LOPER ..... REGIONAL DIRECTOR, UNISERVE	40 00 .....					X		268,607	0	256,483
AL RAMEY ..... ASSISTANT DIRECTOR, UNISER	40 00 .....					X		279,875	0	211,513

**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

**2016**

**Open to Public Inspection**

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

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

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

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

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

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

Name of the organization NEW JERSEY EDUCATION ASSOCIATION	Employer identification number 21-0524390
--	--

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

**1** Provide a description of the organization's direct and indirect political campaign activities in Part IV

**2** Political expenditures ▶ \$ \_\_\_\_\_

**3** Volunteer hours \_\_\_\_\_

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

**1** Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_

**2** Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_

**3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No

**4a** Was a correction made?  Yes  No

**b** If "Yes," describe in Part IV

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

**1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_

**2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_

**3** Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_

**4** Did the filing organization file Form 1120-POL for this year?  Yes  No

**5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1) new jersey education association political action committee	180 west state street trenton, NJ 08607	22-2911965		905,783
2				
3				
4				
5				
6				



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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

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

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

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

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

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

**Part IV Supplemental Information**

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

Return Reference	Explanation
Part I-A, Line 1	NJEA PASSES THROUGH, IN A TIMELY MANNER, THE VOLUNTARY POLITICAL CONTRIBUTIONS RECEIVED FROM MEMBERS TO THE NEW JERSEY EDUCATION ASSOCIATION POLITICAL ACTION COMMITTEE

**SCHEDULE D**  
(Form 990)

**Supplemental Financial Statements**

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

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

**Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
NEW JERSEY EDUCATION ASSOCIATION

**Employer identification number**  
21-0524390

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

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		

**5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

**6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

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

**1** Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

**2** Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
<b>a</b> Total number of conservation easements	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	<b>2d</b>

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

**9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

**1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

**b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

**a** Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . .

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	2,723,935	2,513,610	2,653,571	2,406,200	2,347,804
<b>b</b> Contributions . . . . .	74,291	190,197	92,739		
<b>c</b> Net investment earnings, gains, and losses	186,013	20,128	-232,700	247,371	58,396
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	2,984,239	2,723,935	2,513,610	2,653,571	2,406,200

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
  - b** Permanent endowment ▶
  - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  |               |     |
|--|---------------|-----|
|  | Yes           | No  |
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  | No  |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> | Yes |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     | Yes |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		990,567		990,567
<b>b</b> Buildings		20,815,880	11,692,282	9,123,598
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		5,449,659	3,836,663	1,612,996
<b>e</b> Other . . . . .		4,620,408	2,946,122	1,674,286
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ▶				13,401,447

**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) SEI CORE PROPERTY FUND - R/E	9,259,917	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )	9,259,917	

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 )		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
ACCRUED VACATION & SICK PAY	6,029,890
DEFERRED COMPENSATION	1,216,584
ACCRUED POSTRETIREMENT BENEFITS	145,079,737
ACCRUED PENSION COST	39,898,367
CURRENT MATURITY OF CAPITAL LEASE OBLIGATIONS	322,426
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	192,547,004

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



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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	143,828,384
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	5,751,722
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	5,751,722
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	138,076,662
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	439,551
<b>b</b>	Other (Describe in Part XIII) . . . . .	<b>4b</b>	190,859
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	630,410
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12) . . . . .	<b>5</b>	138,707,072

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	138,925,720
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	138,925,720
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	439,551
<b>b</b>	Other (Describe in Part XIII) . . . . .	<b>4b</b>	190,859
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	630,410
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18) . . . . .	<b>5</b>	139,556,130

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	



## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 21-0524390

**Name:** NEW JERSEY EDUCATION ASSOCIATION

## Supplemental Information

Return Reference	Explanation
Part V, Line 4	The Foundation was organized exclusively for charitable and educational purposes, to advance and improve the quality of education and the teaching profession in New Jersey through the study, creation and funding of innovative programs or projects which will further educational and instructional excellence

## Supplemental Information

Return Reference	Explanation
Part X, Line 2	Management evaluated NJEA's tax positions and concluded that NJEA had maintained its tax exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. At the present time, NJEA is no longer subject to income tax examinations by U S Federal, state, or local tax authorities for years before 2010.

## Supplemental Information

Return Reference	Explanation
Part XI, Line 4b - Other Adjustments	GAIN ON SALE OF FIXED ASSET 190,859

## Supplemental Information

Return Reference	Explanation
Part XII, Line 4b - Other Adjustments	GAIN ON DISPOSAL OF FIXED ASSET 190,859

**Schedule I  
(Form 990)**

Department of the  
Treasury  
Internal Revenue Service

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

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

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization  
NEW JERSEY EDUCATION ASSOCIATION

Employer identification number  
21-0524390

**Part I**

**General Information on Grants and Assistance**

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

**Part II**

**Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
--	---------	-------------------------------	--------------------------	-----------------------------------	---	--	------------------------------------

See Additional Data Table

(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ \_\_\_\_\_
- 3** Enter total number of other organizations listed in the line 1 table . . . . . ▶ \_\_\_\_\_

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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



**Additional Data**

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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AFRICAN AMERICAN HERITAGE PARADE COMM INC PO BOX 22986 NEWARK, NJ 07102	47-2613933	501(C)(3)	5,000				FINANCIAL SUPPORT
BOTTO HOUSE AMERICAN LABOR MUSEUM 83 NORWOOD STREET HALEDON, NJ 07508	22-2377255	501(C)(3)	8,750				FINANCIAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICA'S AGENDA HEALTH CARE FOR ALL INC 1025 CONNECTICUT AVE NW STE 907 WASHINGTON, DC 20036	20-0682634	501(C)(4)	50,000				FINANCIAL SUPPORT
ANTI-POVERTY NETWORK OF NJ INC 1901 N OLDEN AVE EXT STE 1A EWING, NJ 08618	45-1573700	501(C)(3)	10,200				FINANCIAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BLUEWAVENJ 41 WATCHYNG PLAZA 332 MONTCLAIR, DC 07042	20-2813200	501(C)(4)	5,000				FINANCIAL SUPPORT
BOYS & GIRLS CLUB OF CAMDEN COUNTY 2 S DUDLEY STREET CAMDEN, NJ 08105	22-3670025	501(C)(3)	31,000				FINANCIAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Boys & Girls Club of GLOUCESTER County INC 2 CENTER STREET GLASSBORO, NJ 08028	54-2075655	501(C)(3)	5,000				FINANCIAL SUPPORT
BOYS & GIRLS CLUB OF NJ 822 CLIFTON AVE CLIFTON, NJ 07012	27-0185288	501(C)(3)	15,000				FINANCIAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOYS & GIRLS CLUB OF PATERSON AND PASSAIC 264 21ST AVE PATERSON, NJ 07501	21-1726665	501(C)(3)	30,000				FINANCIAL SUPPORT
BOYS & GIRLS CLUB OF TRENTON & MERCER COUNTY 212 CENTRE ST TRENTON, NJ 08611	21-0634556	501(C)(3)	30,000				FINANCIAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BRAIN INJURY OF ALLIANCE OF NEW JERSEY INC 825 GEORGES ROAD SECOND FLR NORTH BRUNSWICK, NJ 08902	22-2431796	501(C)(3)	16,500				FINANCIAL SUPPORT
BUILDING ONE AMERICA PO BOX 8626 COLLINGSWOOD, NJ 08108	41-1902111	501(C)(3)	6,000				FINANCIAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CONSERVE WILDLIFE FOUNDATION OF NEW JERSEY PO BOX 420 TRENTON, NJ 08625	22-3130406	501(C)(3)	10,000				FINANCIAL SUPPORT
CENTER for Holocaust Human Rights & Genocide Education Inc 765 NEWMAN SPRINGS ROAD LINCROFT, NJ 07738	46-1050829	501(C)(3)	7,000				FINANCIAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CROSSROADS OF THE AMERICAN REVOLUTION ASSOCIATION 101 BARRACK STREET TRENTON, NJ 08608	30-0083430	501(C)(3)	5,000				FINANCIAL SUPPORT
DRUMTHWACKET FOUNDATION INC 354 STOCKTON ST PRINCETON, NJ 08540	22-2429563	501(C)(3)	5,000				FINANCIAL SUPPORT



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EDUCATION LAW CENTER 60 PARK PLACE SUITE 300 NEWARK, NJ 07102	22-2014555	501(C)(3)	525,000				FINANCIAL SUPPORT
EMERGE NEW JERSEY PO BOX 442 TOWACO, NJ 07082		N/A	10,000				FINANCIAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FREDERICK L HIPP FOUNDATION 180 WEST STATE STREET TRENTON, NJ 08607	22-3277861	501(C)(3)	50,000				FINANCIAL SUPPORT
FREEDOM FEST STATE FAIR INC 71 SOTH BAKER STREET JACKSON, NJ 08527	32-0291644	501(C)(3)	10,000				FINANCIAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GARDEN STATE FORWARD 180 WEST STATE STREET TRENTON, NJ 08607	46-2383979	N/A	5,281,734				FINANCIAL SUPPORT
GLSEN INC 110 WILLIAM STREET NEW YORK, NY 10038	04-3234202	501(C)(3)	15,000				FINANCIAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SUSAN G KOMEN BREAST CANCER FOUNDATION TWO PRINCESS RD STE D LAWRENCEVILLE, NJ 08648	43-2052349	501(C)(3)	15,000				FINANCIAL SUPPORT
LEAD INC 5 SOUTH MAIN STREET ALLENTOWN, NJ 08501	47-2471572	501(C)(3)	5,000				FINANCIAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LATINO INSTITUTE 50 PARK PLACE NEWARK, NJ 07102	20-1516874	501(C)(3)	200,000				FINANCIAL SUPPORT
MIDDLESEX COUNTY REGIONAL COUNCIL OF THE ARTS 154 MAIN STREET ST E102 MATAWAN, NJ 07747	22-2014553	501(C)(3)	50,000				FINANCIAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
National Center for Fair and Open Testing PO BOX 300204 JAMAICA PLAIN, MA 02130	22-2653502	501(C)(3)	5,000				FINANCIAL SUPPORT
NATIONAL EDUCATION ASSOCIATION 1201 16TH ST NW STE 413 WASHINGTON, DC 20036	53-0115260	501(C)(5)	15,000				FINANCIAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
New Jersey Citizen Action EDUCAION FUND INC 744 BROAD STREET STE 2080 NEWARK, NJ 07102	22-2493628	501(C)(3)	5,000				FINANCIAL SUPPORT
NEW JERSEY PTA 8 QUAKERBRIDGE PLAA STE F MERCERVILLE, NJ 08619	21-0649035	501(C)(3)	5,000				FINANCIAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NEW JERSEY WORKING FAMILIES ALLIANCE 30 CLINTON STREET 3RD FL NEWARK, NJ 07102	30-0427821	501(C)(4)	175,000				FINANCIAL SUPPORT
NJ Center for Teaching and Learning 115 FRANKLIN TURNPIKE 203 MAHWAH, NJ 07430	77-0667571	501(C)(3)	500,000				FINANCIAL SUPPORT



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NJ Coalition for Inclusive Ed 60 PARK PLACE SUITE 208 NEWARK, NJ 07102	22-3389917	501(C)(3)	5,000				FINANCIAL SUPPORT
NJ COMMISSION FOR HOLOCAUST EDUCATION 29 PONY LANE FLEMINGTON, NJ 08822		GOVERNMENTAL AGENCY	75,000				FINANCIAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NJ Policy Perspective Inc 137 W HANOVER STREET TRENTON, NJ 08618	22-3492715	501(C)(3)	135,000				FINANCIAL SUPPORT
NJ WORK ENVIRONMENTAL COUNCIL 7 DUNMORE AVENUE 1ST FLR EAST EWING, NJ 08618	22-2751863	501(C)(3)	5,000				FINANCIAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NJASECD 117 VREELAND ROAD WEST MILFORD, NJ 07480	82-0852572	501(C)(3)	5,000				FINANCIAL SUPPORT
Project Re-directYouth & Family SERVICES INC 1872 W 7TH ST PISCATAWAY, NJ 08854	22-3465029	501(C)(3)	20,000				FINANCIAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PUBLIC MEDIA NJ INC PO BOX 5776 ENGLEWOOD, NJ 07631	45-2552448	501(C)(3)	5,000				FINANCIAL SUPPORT
Society for Prevention of Teen Suicide INC 111 WEST MAIN STREET FREEHOLD, NJ 07728	06-1738917	501(C)(3)	5,000				FINANCIAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
STATEWIDE PARENT ADVOCACY NETWORK INC 35 HALSEY ST 4TH FLR NEWARK, NJ 07102	55-0901525	501(C)(3)	5,000				FINANCIAL SUPPORT
SUSTAINABLE JERSEY A NJ NONPROFIT CORPORATION PO BOX 6855 LAWRENCEVILLE, NJ 08648	45-3848336	501(C)(3)	250,000				FINANCIAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE COLLEGE OF NEW JERSEY FOUNDATION INC 2000 PENNINGTON ROAD EWING, NJ 08628	22-2448189	501(C)(3)	215,000				FINANCIAL SUPPORT
THE COMMUNITY FOUNDATION OF NJ 35 KNOX HILL ROAD MORRISTOWN, NJ 07963	22-2281783	501(C)(3)	30,250				FINANCIAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE GI GO FUND INC PO BOX 1777 NEW BRUNSWICK, NJ 08903	20-4990937	501(C)(3)	5,000				FINANCIAL SUPPORT
THE NEA FOUNDATION 1201 16TH ST NW STE 416 WASHINGTON, DC 20036	23-7035089	501(C)(3)	12,500				FINANCIAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VALERIE FUND 2101 MILBURN AVE MAPLEWOOD, NJ 07040	22-2126867	501(C)(3)	10,000				FINANCIAL SUPPORT
WOMEN OF THE DREAM INC 69 CYPRESS POINT ROAD WESTAMPTON, NJ 08060	46-3649951	501(C)(3)	15,000				FINANCIAL SUPPORT



<b>Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.</b>							
<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YUBA CITY TEACHERS ASSOCIATION 1095 STAFFORD WAY SUITE A YUBA CITY, CA 95991	94-2229511	501(C)(5)	5,000				FINANCIAL SUPPORT

**Schedule J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

OMB No 1545-0047

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
**▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
**▶ Attach to Form 990.**

**2015**  
**Open to Public Inspection**

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

Name of the organization  
NEW JERSEY EDUCATION ASSOCIATION

**Employer identification number**  
21-0524390

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p><input type="checkbox"/> First-class or charter travel                      <input type="checkbox"/> Housing allowance or residence for personal use</p> <p><input type="checkbox"/> Travel for companions                                      <input type="checkbox"/> Payments for business use of personal residence</p> <p><input type="checkbox"/> Tax indemnification and gross-up payments              <input type="checkbox"/> Health or social club dues or initiation fees</p> <p><input type="checkbox"/> Discretionary spending account                      <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</p>		
<p><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	Yes	
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	Yes	
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p><input type="checkbox"/> Compensation committee                      <input type="checkbox"/> Written employment contract</p> <p><input type="checkbox"/> Independent compensation consultant              <input type="checkbox"/> Compensation survey or study</p> <p><input type="checkbox"/> Form 990 of other organizations              <input type="checkbox"/> Approval by the board or compensation committee</p>		
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p>		
<p><b>a</b> Receive a severance payment or change-of-control payment?</p>	Yes	
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	Yes	
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		No
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>		
<p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>		
<p><b>a</b> The organization?</p>		
<p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>		
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>		
<p><b>a</b> The organization?</p>		
<p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>		
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>		
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>		
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>		

**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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

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

**Part III Supplemental Information**

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

Return Reference	Explanation
Part I, Line 1a	AS PART OF THEIR COMPENSATION ARRANGEMENTS THE OFFICERS OF NJEA RECEIVE THE FOLLOWING ALLOWANCES 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
Part I, Lines 4a-b	BARBARA KESHISHIAN - SEVERANCE PAY OF \$126,992 BARBARA KESHISHIAN - NON-QUALIFIED RETIREMENT PLAN PAYMENT OF \$29,402

**Additional Data**

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> Wendell F Steinhauer President	(i)	340,927	0	19,086	302,903	32,203	695,119	0
	(ii)	0	0	0	0	-	-	0
<b>1</b> Mane E Blistan Vice President	(i)	230,450	0	13,431	102,345	32,203	378,429	0
	(ii)	0	0	0	0	-	-	0
<b>2</b> Sean M Spiller Secretary-Treasurer	(i)	249,868	0	32,849	56,037	32,203	370,957	0
	(ii)	0	0	0	0	-	-	0
<b>3</b> Edward J Richardson Executive Director	(i)	351,406	0	17,162	72,680	32,203	473,451	0
	(ii)	0	0	0	0	-	-	0
<b>4</b> STEVE SWETSKY ASSISTANT EXECUTIVE DIRECT	(i)	308,790	0	15,119	205,030	32,203	561,142	0
	(ii)	0	0	0	0	-	-	0
<b>5</b> TIMOTHY MCGUCKIN BUSINESS DIRECTOR	(i)	287,909	0	12,148	603,310	30,941	934,308	0
	(ii)	0	0	0	0	-	-	0
<b>6</b> MATTHEW DIRADO HR MANAGER	(i)	229,153	0	9,981	52,109	32,203	323,446	0
	(ii)	0	0	0	0	-	-	0
<b>7</b> KAREN KRYVEN COMPROLLER	(i)	271,541	0	12,556	130,037	32,203	446,337	0
	(ii)	0	0	0	0	-	-	0
<b>8</b> GINGER GOLD SCHNITZER ASSISTANT DIRECTOR, UNISER	(i)	257,126	0	10,463	91,279	32,203	391,071	0
	(ii)	0	0	0	0	-	-	0
<b>9</b> CARMEN GONZALEZ GANNON ASSISTANT DIRECTOR, UNISER	(i)	274,708	0	14,347	132,871	32,203	454,129	0
	(ii)	0	0	0	0	-	-	0
<b>10</b> JAMES LOPER REGIONAL DIRECTOR, UNISERVE	(i)	254,467	0	14,140	224,280	32,203	525,090	0
	(ii)	0	0	0	0	-	-	0
<b>11</b> AL RAMEY ASSISTANT DIRECTOR, UNISER	(i)	265,457	0	14,418	179,310	32,203	491,388	0
	(ii)	0	0	0	0	-	-	0

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2016****Open to Public Inspection**Department of the Treasury  
Internal Revenue ServiceName of the organization  
NEW JERSEY EDUCATION ASSOCIATION

Employer identification number

21-0524390

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	NEW JERSEY EDUCATION ASSOCIATION (NJEA) IS A MEMBERSHIP ORGANIZATION MEMBERSHIP TO NJEA IS DESCRIBED IN ARTICLE III OF ITS CONSTITUTION WHICH IS AVAILABLE UPON REQUEST

# 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

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



## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Section B, line 12c	THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY FOR NJEA OFFICIALS. No NJEA official shall, directly or indirectly, have any interest or relationship, take any action or engage in any transaction, or incur any obligation which is in conflict with, or gives the appearance of a conflict with, the proper and faithful performance of his or her NJEA responsibilities. A COPY OF THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO ALL NJEA OFFICIALS, ALL CANDIDATES FOR NJEA OFFICE, AND ALL PERSONS WHO BECOME MEMBERS OF NJEA COMMITTEES OR ARE OTHERWISE DESIGNATED TO REPRESENT NJEA EACH YEAR. A REVIEW OF THE POLICY AND ITS RELATED PROCEDURES ARE REVIEWED AND PRESENTED ANNUALLY. THE CURRENT NJEA STAFF CONTRACTS INCLUDES A CONFLICT OF INTEREST SECTION, SPECIFICALLY AVOIDANCE OF CONFLICT OF INTEREST (MONITORED ANNUALLY). No NJEA employee shall accept in any form or by any means anything of value which he/she knows or has reason to believe is offered to him/her with the intent to influence him/her in the performance of his/her NJEA duties and responsibilities.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	NEW JERSEY EDUCATION ASSOCIATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part XI, line 9	FASB ASC 715 OTHER COMPREHENSIVE INCOME 35,353,244

**990 Schedule O, Supplemental Information**

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

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2016**

**Open to Public Inspection**

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

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
NEW JERSEY EDUCATION ASSOCIATION

**Employer identification number**

21-0524390

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

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

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

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



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

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

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	Yes	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	Yes	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NJEA POLITICAL ACTION COMMITTEE	R	905,783	CASH
(2) GARDEN STATE FORWARD	B	5,281,734	CASH
(3) NJEA AFFILIATES RISK GROUP	B	192,538	CASH
(4) NJEA FREDERICK L HIPPI FOUNDATION	B	50,000	CASH
(5) njea health & welfare benefit Trust	R	4,987,449	cASH



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**Part VII**      **Supplemental Information**

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

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**Additional Data**

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 91-2003765	HEALTH AND WELFARE BENEFITS	NJ	501(C)(9)				No
(1) 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 22-2306050	LABOR ORGANIZATION	NJ	501(C)(5)				No
(2) 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 22-2165927	CHARITABLE ORGANIZATION	NJ	501(C)(3)	509(A)(3)			No
(3) 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 21-0524390	PENSION FUND	NJ	401(A)/501(A)				No
(4) 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 21-0524390	PENSION FUND	NJ	401(A)/501(A)				No
(5) 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 22-2911965	POLITICAL ACTION COMMITTEE	NJ	SECTION 527				No
(6) 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 22-3277861	CHARITABLE ORGANIZATION	NJ	501(C)(3)	170(B)(1)(A)(VI)			No
(7) 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 13-4270499	WELFARE BENEFIT FUND	NJ	501(C)(9)				No
(8) 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 46-2383979	POLITICAL ACTION COMMITTEE	NJ	SECTION 527				No
(9) 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 47-2729925	CHARITABLE ORGANIZATION	NJ	501(C)(3)				No