September 30, 2025

VIA ELECTRONIC MAIL

TEGE Referrals Group
1100 Commerce Street
MC 4910 DAL
Dallas, Texas 75242
eoclass@irs.gov

Re: Complaint against New Jersey Education Association and affiliated entities

Dear Acting Commissioner Bessent,

New Jersey Policy Institute ("NJPI")[1], represented by undersigned counsel, requests an immediate Internal Revenue Service investigation regarding the New Jersey Education Association (or "NJEA") (EIN: 21-0524390), a labor union organized under Section 501(c)(5) of the Code, and its 527 political organization, Garden State Forward (EIN: 46-2383979). NJEA appears to have violated I.R.C. § 6033 in failing to disclose over $100 million that it has allocated to political activity over the last decade. NJEA has perpetuated this omission over time, including through the submission of its most recent publicly available Form 990. In addition, its 527 political organization has violated its exempt purpose and mission, which limits its expenditures to only independent expenditures, as stated on its IRS filings, by making a direct campaign contribution through a 501(c)(4) organization that it reportedly solely funded. That organization made a direct contribution to the then-NJEA President's gubernatorial campaign before shuttering months later.

Through Garden State forward, NJEA caused the gubernatorial campaign of its then-president, Sean Spiller, to be the beneficiary of "the largest amount of spending by a single entity (excluding self-funded candidates and wealthy individuals) in a gubernatorial race from 2010 . . . through 2024," while he finished a distant fifth in the relevant primary election.[2] All told, NJEA has made approximately $114 million in contributions from its general funds, made up of members' general mandatory, non-voluntary membership dues, to political activity, without ever disclosing that activity as political on its Form 990. This failure prevented its members and the public from having accurate information about the scope of NJEA's political activity and the use of its members' dues and, at the same time, thwarted them from accurately assessing the true scope and amount of its political activity. Ultimately, some of those funds became direct contributions to NJEA's then-President's gubernatorial campaign, in contravention of Garden State Forward's stated exempt purpose.

NJEA's publicly available Form 990 filings show, on their face, that it has failed to disclose contributions to a political organization on its Schedule C, as required by I.R.C. § 6033. In addition,

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[1] New Jersey Policy Institute is a nonpartisan, 501(c)(3) nonprofit organization whose mission is to ignite, incubate, and launch winning ideas for effective education, a strong economy, a thriving business environment, and affordable energy.

[2] *See* Daniel Han & Madison Fernandez, *A $40 Million Flameout in New Jersey's Race for Governor Puts Scrutiny on Teachers Union*, POLITICO (June 29, 2025), https://www.politico.com/news/2025/06/29/a-40-million-flameout-in-new-jerseys-race-for-governor-puts-scrutiny-on-teachers-union-00429668, attached hereto as "Exhibit A."

public filings reveal that the contributions to its supposedly independent expenditure-only organization ended up as direct political contributions. *See* Exhibits B, D–G, J. Those filings provide grounds for an IRS investigation into the apparent failure of NJEA and its affiliated entities to comply with federal tax law and for potential enforcement action for any violations, including the imposition of civil fines, injunctive relief, and/or the revocation of its tax-exempt status.

Factual Background

Since approximately 2012, NJEA has funded, as the sole contributor, a 527 organization called Garden State Forward.[3] According to NJEA's current president, Garden State Forward is "NJEA's Super PAC."[4] On its most recent Form 990, Garden State Forward states that its mission or most significant activities are "Section 527 organization: to make independent expenditures regarding New Jersey candidates, or support of committees or organizations that make only independent expenditures regarding such candidates." It also disclosed on Schedule C that it spent $5.366 million on political campaign activities in the relevant reporting year.[5] It reported to the New Jersey Election Law Enforcement Commission that NJEA is the entity that controls it.[6]

According to publicly available documents, since 2012, NJEA has sent approximately $114 million of general treasury funds—*i.e.*, union members' dues—to Garden State Forward. Not once did it report its contributions to Garden State Forward on Schedule C of its Form 990s. At the same time, each year, it has reported its contributions to its separate segregated fund, NJEA PAC, on that schedule.[7] Notably, NJEA reported the dollar amounts of its grants to Garden State Forward only as grants to organizations that were identified on Schedule I, without even listing Garden State Forward's IRC section in column (c), instead listing "n/a."[8]

According to reports and some publicly available documents, Garden State Forward sent approximately $8 million to a now-shuttered 501(c)(4) organization called Protecting Our Democracy, Inc. That organization did not engage in "only independent expenditures," but instead made a direct campaign contribution. When Protecting Our Democracy was launched in 2022, NJEA announced itself as the "founding donor," and appears to have been its sole or only major

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[3] *See* Garden State Forward, *Political Organization Report of Contributions and Expenditures (Form 8872)*, IRS (Years 2013–2025), https://forms.irs.gov/app/pod/basicSearch/details?page=1&searchOrgName=&searchFormType=Form%208871,%20Form%208872,%20Form%20990&ein=&pacId=49048&pacInfoId=49048&fromDate=&toDate=, attached hereto as "Exhibit B."

[4] Steve Beatty, *NJEA: Our Politics Is People Powered*, NEW JERSEY GLOBE (June 26, 2024), https://newjerseyglobe.com/education/njea-our-politics-is-people-powered/ [https://perma.cc/4VVZ-VPPX], attached hereto as "Exhibit C."

[5] Garden State Forward, *Return of Organization Exempt from Income Tax (Form 990)*, IRS (Calendar Year 2023), attached hereto as "Exhibit D."

[6] Garden State Forward, *Independent Expenditure Committee – Registration Statement and Designation of Campaign Treasurer and Depository (Form D-6)*, NJ ELEC (Nov. 4, 2024), attached hereto as "Exhibit E."

[7] NJEA, *Return of Organization Exempt from Income Tax (Form 990)*, IRS (Tax Years 2012–2023), attached hereto as "Exhibit F."

[8] *Id.*

donor.[9] Protecting Our Democracy referred to then-NJEA President Sean Spiller as its "Chair."[10] Ultimately, in March 2025, Protecting Our Democracy was shuttered, toward the end of Spiller's gubernatorial bid, and only three years after it was launched. Beforehand, however, it made a *direct* campaign contribution to Spiller's campaign, in the maximum amount allowed by New Jersey law.[11] The result is that, contrary to what Garden State Forward stated in its most recent Form 990, it made expenditures in support of an organization it solely funded and appears to have controlled (Protecting Our Democracy)[12] that did not make "only independent expenditures," but instead made a direct campaign contribution.

Summary of the Law

As it relates to nonprofits organized under Section 501 of the Code, Section 6033 establishes that "every organization exempt from taxation under section 501(a) shall file an annual return, stating specifically the items of gross income, receipts, and disbursements, and such other information for the purpose of carrying out the internal revenue laws as the Secretary may by forms or regulations prescribe, and shall keep such records, render under oath such statements, make such other returns, and comply with such rules and regulations as the Secretary may from time to time prescribe." Parts I-A and I-C of Form 990's Schedule C require organizations that are exempt under 501(c) to "provide a description of the organization's direct and indirect political campaign activities" and to "[e]nter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities." The "primary activity" of 501(c)(5) organizations may not be political activity. *See, e.g.*, Rev. Rul. 61-177, 1961-2 C.B. 117; Rev. Rul. 67-293, 1967-2 C.B. 185.

Moreover, section 6652(c)(1)(A) of the Code provides for financial penalties for "failure to include any of the information required to be shown on a return filed under section 6033(a)(1)." This includes "by failing to complete a required line item or a required part of a schedule."[13]

Under I.R.C. § 527 and 26 C.F.R. § 1.527-1, a political organization must be "organized and operated primarily for an exempt function," and may lose its tax-exempt status if it fails to meet this test.

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[9] *See* Protecting Our Democracy, Inc., *Return of Organization Exempt from Income Tax (Form 990)*, IRS (Calendar Year 2023), attached hereto as "Exhibit G" ($6 million total revenue in 2022–2023); Exhibit B, at 58, 62 ($3 million of expenditures to Protecting Our Democracy); Exhibit D ($3 million in contributions to Protecting Our Democracy); Joey Fox, *Spiller, NJEA Form New 'Protecting Our Democracy' Organization*, NEW JERSEY GLOBE (Oct. 19, 2022), https://newjerseyglobe.com/fr/spiller-forms-new-protecting-our-democracy-organization/ [https://perma.cc/U3QP-9LST], attached hereto as "Exhibit H."

[10] *See POD Talks*, PROTECTING OUR DEMOCRACY, https://www.protectingourdemocracy.org/pod-talks [https://perma.cc/7H84-UEYG] (last visited September 23, 2025), an excerpt attached hereto as "Exhibit I."

[11] Spiller for Governor, *Quarter 3 Report of Contributions and Expenditures (Form G-1)*, NJ ELEC (Oct. 15, 2024), an excerpt attached hereto as "Exhibit J."

[12] *See* NJPI Request for Investigation & Detailed Complaint, Attachment 1, NJ ELEC (Sept. 30, 2025), submitted separately via electronic mail.

[13] *See* Form 990, General Instructions (2024), IRS (Jan. 16, 2025), https://www.irs.gov/instructions/i990 [https://perma.cc/3SJ6-748N].

NJEA Appears To Have Violated Its Disclosure Obligations and Made Expenditures That Resulted in Improper Direct Political Contributions

Contrary to the requirements of I.R.C. § 6033, as implemented on Form 990 and its related schedules, NJEA has failed to disclose that it contributed approximately $114 million of its funds to political activity, preventing members and the public from understanding the true scope of its political activity, and how much of its overall activity that political activity makes up. In addition, those contributions have gone to a 527 organization that has expended at least some of those funds outside of its stated mission and exempt purpose.

NJEA has never disclosed the contributions that it has made to Garden State Forward, a 527 political organization, as political activity, despite the clear requirements of Form 990, and in particular Schedule C. This is despite the fact that Garden State Forward, which is exclusively funded by NJEA and reports on its Form 990 that it is controlled by NJEA, *itself* identifies its expenditures as political activity on its own Schedule C.

In addition, Garden State Forward states that its exempt function is "to make independent expenditures regarding New Jersey candidates, or support of committees or organizations that make *only independent expenditures* regarding such candidates." Exhibit C (emphasis added). However, it has contributed instead to an organization that made *direct* political contributions. In particular, it made a contribution to a 501(c)(4) organization, Protecting Our Democracy, whose chair was the NJEA President and who made a direct political contribution—funded by its members' regular, non-voluntary dues—to that same NJEA President's gubernatorial bid. As more fully laid out in a Request for Investigation submitted to the New Jersey Election Commission, NJEA appears to have been the sole funder or and a related to or affiliated with that organization. *See* NJPI Request for Investigation & Detailed Complaint, Attachment 1, NJ ELEC (Sept. 30, 2025).

NJEA's failure to disclose political activity on Schedule C makes it difficult to ascertain how much of its activity is political, or whether such activity has become its primary activity, making an investigation by the IRS appropriate.

Conclusion

As set forth above, NJEA appears to have violated the requirements of Section 6033, as implemented in the Schedules of Form 990, to disclose political activity on Schedule C. In addition, its 527 organization, Garden State Forward, participated in political activity that was outside of its own stated mission and of what it identifies as its exempt function.

Accordingly, NJPI requests that the IRS immediately investigate and take appropriate action, including the imposition of financial penalties and relevant taxes and/or the revocation of tax-exempt status, to hold the organizations accountable and ensure their compliance with federal law.

Thank you for your consideration of this important matter. Please direct any acknowledgement and correspondence regarding this complaint to the contact information located below the signature.

Sincerely,



Nathan J. McGrath, President & General Counsel
(*admitted and licensed to practice only in Pennsylvania, New York, & Connecticut*)
Danielle R. Acker Susanj, Executive Vice President
(*admitted and licensed to practice only in Pennsylvania and Washington, D.C.*)
THE FAIRNESS CENTER
500 North Third Street, Suite 600
Harrisburg, Pennsylvania 17101
Telephone: 844.293.1001
Counsel for New Jersey Policy Institute

Cc: New Jersey Election Law Enforcement Commission
RFI@elec.nj.gov

Exhibit A

A $40 million flameout in New Jersey's race for governor puts scrutiny on teachers union

The money went to support the New Jersey Education Association president, Sean Spiller.

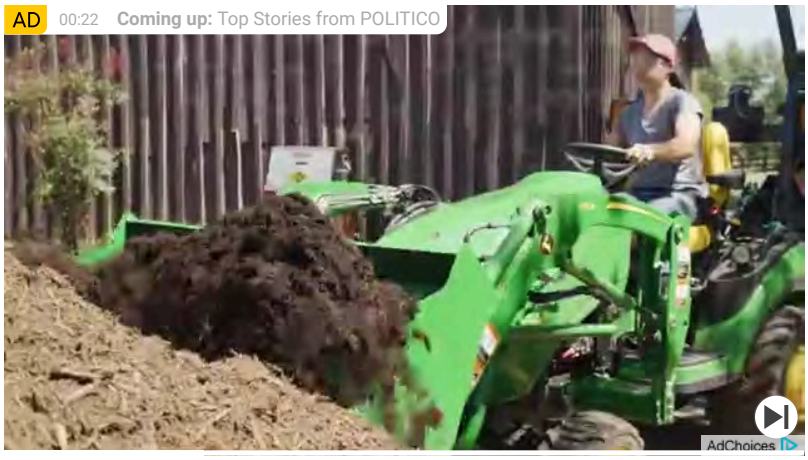


Sean Spiller, head of the teachers union New Jersey Education Association, speaks after the Democratic gubernatorial debate at Rider University on Feb. 2, 2025, in Lawrenceville, New Jersey. | Mike Catalini/AP

By **DANIEL HAN** and **MADISON FERNANDEZ**
06/29/2025 04:00 PM EDT

TRENTON, New Jersey — New Jersey's most politically influential union funneled more than $40 million into this year's race for governor — only to land with a fifth-place finish. Now, its political instincts are in question.

The New Jersey Education Association made its largest investment in a campaign to support its president, Sean Spiller, in his longshot bid for the governor's mansion. No other special interest group has ever spent as much in state history to promote a single candidate, a sign of an increase of big money in state races following the U.S. Supreme Court's *Citizens United* decision.



Spiller struggled to raise his own funds — so much so that he didn't qualify for debates in the Democratic primary. He largely offloaded his campaign infrastructure to a super PAC backing his candidacy, Working New Jersey, which was funded indirectly by the union. The super PAC's spending is among the most an independent expenditure group has dropped in a gubernatorial election nationwide.

Publicly, many lawmakers and union members are hesitant to speak out against the NJEA, which remains in a class of its own when it comes to political influence and has about 200,000 members across the state.

But in the aftermath of a multimillion-dollar debacle, some in Trenton are starting to question the union's political prowess. Democratic state Sen. Vin Gopal, chair of the Senate Education Committee, called the spending "concerning" and said that he's "talked to a lot of the teachers here in Monmouth [County] and they're pretty frustrated."

"I think the strength of the NJEA will be questioned after these election results," Gopal said. "How does it not?"

The bet was that if union turnout was high, Spiller would be able to eke out a win. Spiller ended up earning 10 percent of the vote, a distant fifth behind Rep. Mikie Sherrill (D-N.J.), who won the nomination with 34 percent. But he earned close to 30,000 more votes than former state Senate President Steve Sweeney — a foe of the NJEA in a previous campaign.

It's not the first time the union has lost a pricey gamble. In 2017, the union spent around $5 million to oust Sweeney — which at the time was considered the most expensive state legislative race in American history. The effort was unsuccessful and Sweeney won by 17 points against his Republican opponent.

One former high-level NJEA official, granted anonymity to talk freely about their former employer, said that the millions spent "didn't seem like a good investment" and could impact its ability to advocate for teachers in Trenton.

"The NJEA leadership's credibility I believe has been diminished as it relates to going into the Statehouse and fighting for issues for the association," the person said, adding that local education associations' "power remains the same."

A more complete picture of the union's spending will not be available until June 30, when the latest campaign finance reports covering the final two weeks of the primary are due. But as of May 27, Working New Jersey received $40 million from Garden State Forward, a separate group funded exclusively by the NJEA. Working New Jersey spent $37 million of that as of last month. Garden State Forward also sent $8 million to another pro-Spiller group, Protecting Our Democracy, that was boosting him last year.

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The NJEA's investment was the largest amount of spending by a single entity (excluding self-funded candidates and wealthy individuals) in a gubernatorial race from 2010 — when the U.S. Supreme Court ruled on *Citizens United*, which opened the floodgates for unlimited super PAC spending — through 2024, according to an analysis of state-level spending from American Promise, a nonprofit that advocates for a constitutional amendment to allow limits on political spending.

'New heights of big money in the states'

It's been more than a decade since the *Citizens United* ruling. Though it applied to federal political spending, it has also virtually eliminated state efforts imposing restrictions on super PACs.

"New Jersey didn't choose to have a campaign system like this," said Jeff Clements, CEO of American Promise. "It was imposed by lawyers in the Supreme Court. It only gets worse until we fix the constitutional problem the court created."

Still, there are attempts to diminish super PACs' influence. New York City has increased its coordination rules, which cracks down on candidates' efforts to signal to these outside groups. Public financing systems are also intended to curb big campaign donors. But although New Jersey does have a public financing program for gubernatorial candidates, which was implemented prior to *Citizens United*, it still led to massive outside spending this year.

"After *Citizens United,* you saw sort of a gradual uptick in big money in federal elections, and the states have been sort of catching up," said Ian Vandewalker, senior counsel and manager of the elections and government program at the Brennan Center for Justice. "So I think we're seeing the kind of the new heights of big money in the states, and that's not going to go away."



The Supreme Court is seen on Capitol Hill in Washington, Dec. 17, 2024. | J. Scott Applewhite/AP

The NJEA's spending in the primary has even exceeded outside spending in congressional races, which are typically more expensive than state-level elections. The most spent by a single committee in independent expenditures for a primary was $19 million by Honor Pennsylvania, a super PAC that boosted now-Sen. Dave McCormick (R-Pa.) in the 2022 Senate primary, according to data compiled by OpenSecrets. Despite that heavy spending, McCormick lost in that primary.

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"I think it was a very poorly calculated and piss-poor decision by the NJEA to blow that kind of money and the results prove that," said John Napolitani, a local mayor and head of Asbury Park schools teachers' union. "I don't even think the membership realized how much of their dollars were spent on this race, basically for a loss."

The union has previously pushed back on criticism about its political spending — particularly from the Sunlight Policy Center, an organization devoted to researching and countering the NJEA — as "anti-union propaganda."

NJEA Secretary-Treasurer Petal Robertson in a statement to POLITICO condemned "politicians who have gladly accepted significant financial support from NJEA members many times for their own campaigns" who have come out against the spending for Spiller.

"They never question why our members choose to support them," Robertson said. "They do often ask why we don't give more, so they aren't concerned

about NJEA members investing in electoral advocacy. The concern only seems to arise when that investment goes to someone outside of the established political power structure. We know the usual naysayers, and they can continue with the same tired attacks, but we know our power and we own it."

At the Statehouse, some people see the investment in Spiller as business as usual. Democratic state Sen. Shirley Turner said that the union has long put its thumb on the scale in elections.

"You know, they do it all the time, it seems," Turner, vice-chair of the Senate Education Committee, said in an interview. "I don't know if this is any different than previously, they pick candidates, and they decide to support them in all ways, you know, including funding."

The union famously fought with Republican former Gov. Chris Christie — who likened the group to the mafia — during his eight years in office. That feud between the union and the right in New Jersey may carry on — Republican Jack Ciattarelli, his party's nominee for governor, accused Sherrill of rushing to "suck up to the NJEA and embrace the guy who just lit $40 million of [teachers'] dues money on fire these past few months" in a recent social media post.

"What an insult to New Jersey's hard-working educators," Ciattarelli added.

Sherrill's campaign declined to comment when asked her thoughts on the NJEA's spending in the primary.

It's common for teachers unions around the country to engage in political spending, though rarely to the extent of the NJEA. Notably in 2023, the Chicago Teachers Union spent more than $2 million to get its member and organizer Brandon Johnson into the mayorship.

On the federal level, from 2023-2024, the National Education Association dropped $32 million on political spending (primarily to liberal groups), making it the top spender among teachers unions, according to OpenSecrets. The NJEA blew past that total in a state-level race in just a couple of months.

An uphill climb

The NJEA had a Herculean task in uplifting Spiller, who struggled to solidify his lane in the six-person primary and faced controversy during his time as mayor of Montclair. Despite Spiller's second-to-last finish, election results suggest his message — and the union's big spending — resonated in pockets of the state. He unexpectedly won Camden — a major city in South Jersey — and won Cumberland County, a rural area that has been trending quickly towards Republicans.

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But in Montclair, he finished in fifth. Bob Russo, a former mayor and member of the town council, said Spiller's tenure as mayor did not make him beloved by the town's rank-and-file Democrats.

"He's really not embraced by his hometown. That's your base," he said. "It's a shame he couldn't get more support, but it's because of [his] policies and the conduct as mayor."

Spiller's tenure as president is up this August. He'll be succeeded by Steve Beatty, the union's current vice president. After Spiller's loss, Beatty and Robertson in a statement touted the "unprecedented grassroots effort powered by thousands of member volunteers" and congratulated Sherrill.

Beatty acknowledged that "in a six-way race with five other well-known and well-funded candidates … there were always going to be five candidates who came up short." He also said that endorsing Spiller ensured that issues important to the union "were part of the conversation in the primary."

"We are proud that Sean was right there in the race alongside those candidates with deeper ties to New Jersey's political and financial elites," he continued. "It says a lot about how hard our members fought to change the narrative around who is qualified to step up and lead."

Unions from different sectors also spent in the race in support of other candidates, though not as much as the NJEA. And while other Democrats did outraise Spiller, no other independent expenditure groups boosting his opponents had as many resources as Working New Jersey. As of the end of May, two groups supporting Rep. Josh Gottheimer spent more than $11 million, as did two groups backing Jersey City Mayor Steven Fulop, and super PACs backing Sherrill and Sweeney spent around $4 million each.

Other union leaders stand by the multimillion-dollar decision.

"I do think it was worth it," said Melissa Tomlinson, vice-president of the Atlantic County Council of Education Associations and a member of NJEA's state executive committee. "We need our voices heard in decision-making spaces. It's not enough for us to just be lobbying."

The NJEA counts around 200,000 members, and it's evident that not even half of them voted for their union president, who received less than 90,000 votes.

"If you were to ask [teachers] 'Is this how you want your monies used' — for a sitting president to spend millions of dollars to run for governor — they would say no," the former high-level NJEA official said. "And how do I think they would say no? The numbers that did not vote for him on Election Day is proof."

The union has not yet determined how it will engage in the general election. Beatty said that "NJEA members will consider who to support in November in all the races," and both Ciattarelli and Sherrill will be invited to partake in the endorsement screening process.

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In past elections, the NJEA has been a prominent spender post-primary. The union has consistently endorsed Democrats for governor, and it doesn't appear that will change anytime soon. Ciattarelli supports policies like school vouchers, which are a non-starter for the union.

When asked at a recent event if she would seek the NJEA's support, Sherrill told reporters that her "door is open to everyone."

Throughout the primary, Spiller pushed back on criticisms about the union's spending, asserting that he was not in charge of how that money was spent. He also often argued that the union represents working-class people, as opposed to big-dollar donors.

"It's never about me," Spiller said during the primary. "This is about, how do we change systems? How do we fight for somebody who's gonna fight for working class folks? And that never stops."

FILED UNDER: CAMPAIGN FINANCE, NEW JERSEY, CITIZENS UNITED, STEVE SWEENEY, MIKIE SHERRILL , JACK CIATTARELLI

New Jersey Playbook

Matt Friedman's must-read briefing on the Garden State's important news of the day



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SPONSORED CONTENT

Exhibit B

Form **8872**
(November 2002)
Department of the Treasury
Internal Revenue Service

Political Organization Report of Contributions and Expenditures

► See separate instructions.

OMB No. 1545-1696

A For the period beginning 01/01/2025 **and ending** 06/30/2025

B Check applicable box: ✔ Initial report ___ Change of address ___ Amended report ___ Final report

1 Name of organization
Garden State Forward

Employer identification number
46 - 2383979

2 Mailing address (P.O. box or number, street, and room or suite number)
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

3 E-mail address of organization:
gardenstatefwd@gmail.com

4 Date organization was formed:
03/27/2013

5a Name of custodian of records
Kristen Sherman

5b Custodian's address
,

6a Name of contact person
Kristen Sherman

6b Contact person's address
1634 Eye Street NW #1250
Washington, DC 20006

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

8 Type of report (check only one box)

___ First quarterly report (due by April 15)
___ Second quarterly report (due by July 15)
___ Third quarterly report (due by October 15)
___ Year-end report (due by January 31)
✔ Mid-year report (Non-election year only-due by July 31)
___ Monthly report for the month of: (due by the 20th day following the month shown above, except the December report, which is due by January 31)
___ Pre-election report (due by the 12th or 15th day before the election)
(1) Type of election:
(2) Date of election:
(3) For the state of:
___ Post-general election report (due by the 30th day after general election)
(1) Date of election:
(2) For the state of:

Schedule A Itemized Contributions

Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 3292	$ 3292 **Date of contribution** 01/15/2025
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 5032614	$ 5029322 **Date of contribution** 02/04/2025
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 10072014	$ 5000000 **Date of contribution** 03/14/2025
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 16333086	$ 5500000 **Date of contribution** 04/24/2025
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 21833286	$ 200 **Date of contribution** 06/10/2025
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 10573086	$ 1072 **Date of contribution** 04/07/2025
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 21833086	$ 500000 **Date of contribution** 05/21/2025
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 5072014	$ 39400 **Date of contribution** 03/10/2025
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 10833086	$ 260000 **Date of contribution** 04/14/2025

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A

Contributor's occupation
N/A

Aggregate contributions year-to-date
$ 21333086

Amount of contribution
$ 5000000

Date of contribution
05/15/2025

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A

Contributor's occupation
N/A

Aggregate contributions year-to-date
$ 10572014

Amount of contribution
$ 500000

Date of contribution
03/28/2025

Schedule B Itemized Expenditures

Recipient's name, mailing address and ZIP code
Working New Jersey
28 Spring St #261
Princeton, NJ 08542

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 1750000
Date of expenditure
04/25/2025

Purpose of expenditure
Donation

Recipient's name, mailing address and ZIP code
Working New Jersey
28 Spring St #261
Princeton, NJ 08541

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 3000000
Date of expenditure
03/14/2025

Purpose of expenditure
Donation

Recipient's name, mailing address and ZIP code
Democracy In Action
4200 Wisconsin Ave #106-319
Washington, DC 20016

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 500000
Date of expenditure
05/06/2025

Purpose of expenditure
Donation

Recipient's name, mailing address and ZIP code
Utrecht, Kleinfeld, Fiori, Clark Partners
1634 Eye Street NW #1250
Washington, DC 20006

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 200
Date of expenditure
06/10/2025

Purpose of expenditure
Legal Consulting

Recipient's name, mailing address and ZIP code
AP Consulting Firm LLC
232 N 5th St
Newark, NJ 07107

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 250000
Date of expenditure
05/16/2025

Purpose of expenditure
Member Communications

Recipient's name, mailing address and ZIP code
Royal Printing
PO Box 1000
West New York, NJ 07093

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 29322
Date of expenditure
02/04/2025

Purpose of expenditure
Member Communications

Recipient's name, mailing address and ZIP code
Utrecht Kleinfeld Fiori Clark Partners
1634 Eye Street NW, Suite 1250
Washington, DC 20006

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 3292
Date of expenditure
01/15/2025

Purpose of expenditure
Legal Consulting

Recipient's name, mailing address and ZIP code
Building Better Communities
1 Boland Dr #101
West Orange, NJ 07052

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 10000
Date of expenditure
04/14/2025

Purpose of expenditure
Donation

Recipient's name, mailing address and ZIP code
GBAO
1701 K St NW #700
Washington, DC 20006

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 39400
Date of expenditure
03/10/2025

Purpose of expenditure
Research

Recipient's name, mailing address and ZIP code
Working New Jersey
28 Spring St #261
Princeton , NJ 08542

Name of recipient's employer
N/a
Recipients's occupation
N/A

Amount of Expenditure
$ 2000000
Date of expenditure
02/04/2025

Purpose of expenditure
Donation

Recipient's name, mailing address and ZIP code
Working New Jersey
28 Spring St #261
Princeton, NJ 08542

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 3000000
Date of expenditure
04/24/2025

Purpose of expenditure
Donation

Recipient's name, mailing address and ZIP code
Working New Jersey
28 Spring St #261
Princeton, NJ 08542

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 3000000
Date of expenditure
02/03/2025

Purpose of expenditure
Donation

Recipient's name, mailing address and ZIP code
AP Consulting Firm LLC
232 N 5th St
Newark, NJ 07107

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 500000
Date of expenditure
05/21/2025

Purpose of expenditure
Member Communications

Recipient's name, mailing address and ZIP code
AP Consulting Firm LLC
232 N 5th St
Newark, NJ 07107

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 250000
Date of expenditure
04/14/2025

Purpose of expenditure
Member Communications

Recipient's name, mailing address and ZIP code
Working New Jersey
28 Spring St #261
Princeton, NJ 08542

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 2000000
Date of expenditure
03/17/2025

Purpose of expenditure
Donation

Recipient's name, mailing address and ZIP code
Utrecht Kleinfeld Fiori Clark Partners
1634 Eye Street NW
Washington, DC 20006

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 1072
Date of expenditure
04/07/2025

Purpose of expenditure
Legal Consulting

Recipient's name, mailing address and ZIP code
Working New Jersey
28 Spring St #261
Princeton, NJ 08542

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 3000000
Date of expenditure
05/15/2025

Purpose of expenditure
Donation

Recipient's name, mailing address and ZIP code
Working New Jersey
28 Spring St #261
Princeton, NJ 08542

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 2000000
Date of expenditure
05/16/2025

Purpose of expenditure
Donation

Recipient's name, mailing address and ZIP code
Democracy in Action
4200 Wisconsin Ave NW #106-319
Washington, DC 20016

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 500000
Date of expenditure
03/28/2025

Purpose of expenditure
Donation

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here	Shelly R Moskwa Signature of authorized official	07/31/2025 Date

Form **8872**
(November 2002)
Department of the Treasury
Internal Revenue Service

Political Organization Report of Contributions and Expenditures

► See separate instructions.

OMB No. 1545-1696

A For the period beginning 11/26/2024 **and ending** 12/31/2024

B Check applicable box: ✔ Initial report ___ Change of address ___ Amended report ___ Final report

1 Name of organization
Garden State Forward

Employer identification number
46 - 2383979

2 Mailing address (P.O. box or number, street, and room or suite number)
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

3 E-mail address of organization:
gardenstatefwd@gmail.com

4 Date organization was formed:
03/27/2013

5a Name of custodian of records
Kristen Sherman

5b Custodian's address
180 West State Street
Trenton, NJ 08607

6a Name of contact person
Kristen Sherman

6b Contact person's address
1634 Eye Street NW #1250
Washington, DC 20006 -

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

8 Type of report (check only one box)

___ First quarterly report (due by April 15)
___ Second quarterly report (due by July 15)
___ Third quarterly report (due by October 15)
✔ Year-end report (due by January 31)
___ Mid-year report (Non-election year only-due by July 31)
___ Monthly report for the month of: (due by the 20th day following the month shown above, except the December report, which is due by January 31)
___ Pre-election report (due by the 12th or 15th day before the election)
(1) Type of election:
(2) Date of election:
(3) For the state of:
___ Post-general election report (due by the 30th day after general election)
(1) Date of election:
(2) For the state of:

Schedule A Itemized Contributions

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607
Name of contributor's employer
N/a
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 24805404
Amount of contribution
$ 25000
Date of contribution
12/06/2024

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607
Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 24805404
Amount of contribution
$ 1000000
Date of contribution
12/03/2024

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607
Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 24805404
Amount of contribution
$ 3000000
Date of contribution
12/02/2024

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607
Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 24805404
Amount of contribution
$ 39600
Date of contribution
12/12/2024

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607
Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 24805404
Amount of contribution
$ 3000000
Date of contribution
11/27/2024

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607
Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 24805404
Amount of contribution
$ 3000000
Date of contribution
11/26/2024

Schedule B Itemized Expenditures

Recipient's name, mailing address and ZIP code
Working New Jersey
28 Spring St #261
Princeton, NJ 08542 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 3000000
Date of expenditure
11/29/2024

Purpose of expenditure
Donation

Recipient's name, mailing address and ZIP code
Working New Jersey
28 Spring St #261
Princeton, NJ 08542 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 3000000
Date of expenditure
11/27/2024

Purpose of expenditure
Donation

Recipient's name, mailing address and ZIP code
GBAO
1701 K St NW #700
Washington, DC 20006 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 39600
Date of expenditure
12/12/2024

Purpose of expenditure
Research

Recipient's name, mailing address and ZIP code
Prosperity Rising NJ, Inc
PO Box 5652
Clark, NJ 07066 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 25000
Date of expenditure
12/06/2024

Purpose of expenditure
Donation

Recipient's name, mailing address and ZIP code
Working New Jersey
28 Spring St #261
Princeton, NJ 08542 -

Name of recipient's employer
N/a
Recipients's occupation
N/A

Amount of Expenditure
$ 1000000
Date of expenditure
12/03/2024

Purpose of expenditure
Donation

Recipient's name, mailing address and ZIP code
Working New Jersey
28 Spring St #261
Princeton, NJ 08542 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 3000000
Date of expenditure
12/02/2024

Purpose of expenditure
Donation

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here	Shelly Moskwa	01/31/2025
	Signature of authorized official	Date

Form **8872**
(November 2002)
Department of the Treasury
Internal Revenue Service

Political Organization Report of Contributions and Expenditures

► See separate instructions.

OMB No. 1545-1696

A For the period beginning 10/17/2024 **and ending** 11/25/2024

B Check applicable box: ✔ Initial report ___ Change of address ___ Amended report ___ Final report

1 Name of organization
Garden State Forward

Employer identification number
46 - 2383979

2 Mailing address (P.O. box or number, street, and room or suite number)
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

3 E-mail address of organization:
gardenstatefwd@gmail.com

4 Date organization was formed:
03/27/2013

5a Name of custodian of records
Kristen Sherman

5b Custodian's address
180 West State Street
Trenton, NJ 08607

6a Name of contact person
Kristen Sherman

6b Contact person's address
1634 Eye Street NW #1250
Washington, DC 20006 -

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

8 Type of report (check only one box)

___ First quarterly report (due by April 15)
___ Second quarterly report (due by July 15)
___ Third quarterly report (due by October 15)
___ Year-end report (due by January 31)
___ Mid-year report (Non-election year only-due by July 31)
___ Monthly report for the month of: (due by the 20th day following the month shown above, except the December report, which is due by January 31)
___ Pre-election report (due by the 12th or 15th day before the election)
(1) Type of election:
(2) Date of election:
(3) For the state of:
✔ Post-general election report (due by the 30th day after general election)
(1) Date of election: 11/05/2024
(2) For the state of: NJ

Schedule A Itemized Contributions

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 14459241

Amount of contribution
$ 40000
Date of contribution
10/28/2024

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 14459241

Amount of contribution
$ 61954
Date of contribution
11/25/2024

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 14459240

Amount of contribution
$ 15000
Date of contribution
10/24/2024

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 14459241

Amount of contribution
$ 642
Date of contribution
11/13/2024

Schedule B Itemized Expenditures

Recipient's name, mailing address and ZIP code
Middle Ground
PO Box 6424
Monroe, NJ 08831 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 40000
Date of expenditure
10/28/2024

Purpose of expenditure
Donation

Recipient's name, mailing address and ZIP code
Democratic Governors Association
1225 Eye St. NW, Suite 1100
Washington, DC 20005 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 50000
Date of expenditure
11/25/2024

Purpose of expenditure
Donation

Recipient's name, mailing address and ZIP code
Utrecht, Kleinfeld, Fiori, Clark, Partners
1634 I St NW
Washington, DC 20006 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 11954
Date of expenditure
11/25/2024

Purpose of expenditure
Consulting/Legal

Recipient's name, mailing address and ZIP code
Utrecht, Kleinfeld, Fiori, Clark, Partners
1634 I St NW
Washington, DC 20006 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 642
Date of expenditure
11/13/2024

Purpose of expenditure
Consulting/Legal

Recipient's name, mailing address and ZIP code
Hudson Votes Project Inc
123 Town Square Place, #165
Jersey City, NJ 07310 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 15000
Date of expenditure
10/24/2024

Purpose of expenditure
Donation

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here	Shelly Moskwa	12/05/2024
	Signature of authorized official	Date

Form **8872**
(November 2002)
Department of the Treasury
Internal Revenue Service

Political Organization Report of Contributions and Expenditures

► See separate instructions.

OMB No. 1545-1696

A For the period beginning 10/01/2024 **and ending** 10/16/2024

B Check applicable box: ✔ Initial report ___ Change of address ___ Amended report ___ Final report

1 Name of organization
Garden State Forward

Employer identification number
46 - 2383979

2 Mailing address (P.O. box or number, street, and room or suite number)
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

3 E-mail address of organization:
gardenstatefwd@gmail.com

4 Date organization was formed:
03/27/2013

5a Name of custodian of records
Kristen Sherman

5b Custodian's address
180 West State Street
Trenton, NJ 08607

6a Name of contact person
Kristen Sherman

6b Contact person's address
1634 Eye Street NW #1250
Washington, DC 20006 -

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

8 Type of report (check only one box)

___ First quarterly report (due by April 15)
___ Second quarterly report (due by July 15)
___ Third quarterly report (due by October 15)
___ Year-end report (due by January 31)
___ Mid-year report (Non-election year only-due by July 31)
___ Monthly report for the month of: (due by the 20th day following the month shown above, except the December report, which is due by January 31)
✔ Pre-election report (due by the 12th or 15th day before the election)
(1) Type of election: general
(2) Date of election: 11/05/2024
(3) For the state of: NJ
___ Post-general election report (due by the 30th day after general election)
(1) Date of election:
(2) For the state of:

Schedule A **Itemized Contributions** Schedule A

Schedule B **Itemized Expenditures** Schedule B

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here	Shelly Moskwa	10/24/2024
	Signature of authorized official	Date

Form **8872**
(November 2002)
Department of the Treasury
Internal Revenue Service

Political Organization Report of Contributions and Expenditures

► See separate instructions.

OMB No. 1545-1696

A For the period beginning 07/01/2024 **and ending** 09/30/2024

B Check applicable box: ✔ Initial report ☐ Change of address ☐ Amended report ☐ Final report

1 Name of organization
Garden State Forward

Employer identification number
46 - 2383979

2 Mailing address (P.O. box or number, street, and room or suite number)
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

3 E-mail address of organization:
gardenstatefwd@gmail.com

4 Date organization was formed:
03/27/2013

5a Name of custodian of records
Kristen Sherman

5b Custodian's address
180 West State Street
Trenton, NJ 08607

6a Name of contact person
Kristen Sherman

6b Contact person's address
1634 Eye Street NW #1250
Washington, DC 20006 -

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

8 Type of report (check only one box)

- ☐ First quarterly report (due by April 15)
- ☐ Second quarterly report (due by July 15)
- ✔ Third quarterly report (due by October 15)
- ☐ Year-end report (due by January 31)
- ☐ Mid-year report (Non-election year only-due by July 31)
- ☐ Monthly report for the month of: (due by the 20th day following the month shown above, except the December report, which is due by January 31)
- ☐ Pre-election report (due by the 12th or 15th day before the election)
  (1) Type of election:
  (2) Date of election:
  (3) For the state of:
- ☐ Post-general election report (due by the 30th day after general election)
  (1) Date of election:
  (2) For the state of:

Schedule A Itemized Contributions

Contributor's name, mailing address and ZIP code	Name of contributor's employer	
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 13841644	**Amount of contribution** $ 3000000 **Date of contribution** 07/30/2024
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 13841644	**Amount of contribution** $ 2000 **Date of contribution** 09/30/2024
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 13841644	**Amount of contribution** $ 3000000 **Date of contribution** 07/29/2024
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 13841644	**Amount of contribution** $ 140000 **Date of contribution** 09/05/2024
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 13841644	**Amount of contribution** $ 205000 **Date of contribution** 09/20/2024
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 13841644	**Amount of contribution** $ 3050000 **Date of contribution** 07/31/2024
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 13841644	**Amount of contribution** $ 1250000 **Date of contribution** 08/01/2024
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 13841644	**Amount of contribution** $ 150000 **Date of contribution** 09/26/2024
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 13841644	**Amount of contribution** $ 13125 **Date of contribution** 07/19/2024

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A

Contributor's occupation
N/A

Aggregate contributions year-to-date
$ 13841644

Amount of contribution
$ 52600

Date of contribution
07/19/2024

Schedule B Itemized Expenditures

Recipient's name, mailing address and ZIP code
Working New Jersey
28 Spring St #261
Princeton, NJ 08542 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 3000000
Date of expenditure
07/29/2024

Purpose of expenditure
Donation

Recipient's name, mailing address and ZIP code
Education Truth Project
PO Box 331
Oakland, NJ 07436 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 200000
Date of expenditure
09/20/2024

Purpose of expenditure
Donation

Recipient's name, mailing address and ZIP code
Working New Jersey
28 Spring St #261
Princeton, NJ 08542 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 3000000
Date of expenditure
07/30/2024

Purpose of expenditure
Donation

Recipient's name, mailing address and ZIP code
Working New Jersey
28 Spring St #261
Princeton, NJ 08542 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 3000000
Date of expenditure
07/31/2024

Purpose of expenditure
Donation

Recipient's name, mailing address and ZIP code
GBAO Inc
1701 K St NW #700
Washington, DC 20006 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 52600
Date of expenditure
07/19/2024

Purpose of expenditure
Research

Recipient's name, mailing address and ZIP code
Blue Wave NJ
139 Union St
Montclair, NJ 07042 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 5000
Date of expenditure
09/20/2024

Purpose of expenditure
Donation

Recipient's name, mailing address and ZIP code
Utrecht Kleinfeld Fiori Partners
1634 Eye St NW #1250
Washington, DC 20006 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 2000
Date of expenditure
09/30/2024

Purpose of expenditure
Legal Consulting

Recipient's name, mailing address and ZIP code
Middle Ground
PO Box 6424
Monroe, NJ 08831 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 140000
Date of expenditure
09/05/2024

Purpose of expenditure
Donation

Recipient's name, mailing address and ZIP code
Working Families Party PAC - Non Contribution
77 Sands St
Brooklyn, NY 11201 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 150000
Date of expenditure
09/26/2024

Purpose of expenditure
Donation

Recipient's name, mailing address and ZIP code
Working New Jersey
28 Spring St #261
Princeton, NJ 08542 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 1250000
Date of expenditure
08/01/2024

Purpose of expenditure
Donation

Recipient's name, mailing address and ZIP code
Action Together New Jersey Inc
PO Box 1206
Madison, NJ 07940 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 50000
Date of expenditure
07/31/2024

Purpose of expenditure
Donation

Recipient's name, mailing address and ZIP code
Utrecht Kleinfeld Fiori Partners
1634 Eye St NW #1250
Washington, DC 20006 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 13079
Date of expenditure
07/17/2024

Purpose of expenditure
Legal Consulting

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here	Kristen Sherman	10/15/2024
	Signature of authorized official	Date

Form **8872**
(November 2002)
Department of the Treasury
Internal Revenue Service

Political Organization Report of Contributions and Expenditures

► See separate instructions.

OMB No. 1545-1696

A For the period beginning 04/01/2024 **and ending** 06/30/2024

B Check applicable box: ✔ Initial report ☐ Change of address ☐ Amended report ☐ Final report

1 Name of organization
Garden State Forward

Employer identification number
46 - 2383979

2 Mailing address (P.O. box or number, street, and room or suite number)
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

3 E-mail address of organization:
gardenstatefwd@gmail.com

4 Date organization was formed:
03/27/2013

5a Name of custodian of records
Kristen Sherman

5b Custodian's address
180 West State Street
Trenton, NJ 08607

6a Name of contact person
Kristen Sherman

6b Contact person's address
1634 Eye Street NW #1250
Washington, DC 20006 -

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

8 Type of report (check only one box)

- ☐ First quarterly report (due by April 15)
- ✔ Second quarterly report (due by July 15)
- ☐ Third quarterly report (due by October 15)
- ☐ Year-end report (due by January 31)
- ☐ Mid-year report (Non-election year only-due by July 31)
- ☐ Monthly report for the month of: (due by the 20th day following the month shown above, except the December report, which is due by January 31)
- ☐ Pre-election report (due by the 12th or 15th day before the election)
  (1) Type of election:
  (2) Date of election:
  (3) For the state of:
- ☐ Post-general election report (due by the 30th day after general election)
  (1) Date of election:
  (2) For the state of:

Schedule A Itemized Contributions

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 2978919

Amount of contribution
$ 25035
Date of contribution
06/04/2024

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 2978919

Amount of contribution
$ 125000
Date of contribution
05/29/2024

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 2978919

Amount of contribution
$ 200000
Date of contribution
05/17/2024

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 2978919

Amount of contribution
$ 50000
Date of contribution
04/05/2024

Schedule B Itemized Expenditures

Recipient's name, mailing address and ZIP code
Education Truth Project
PO Box 331
Oakland, NJ 07436 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 100000
Date of expenditure
05/29/2024

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
Action Together New Jersey Education Fund
PO Box 1206
Madison, NJ 07940 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 50000
Date of expenditure
04/05/2024

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
Intelligent Decision Partners
113 Steeplechase Dr
Doylestown, PA 18901 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 25000
Date of expenditure
05/29/2024

Purpose of expenditure
Research

Recipient's name, mailing address and ZIP code
Democracy in Action
4200 Wisconsin Ave #106-319
Washington, DC 20016 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 200000
Date of expenditure
05/20/2024

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
Citizens for Democracy
1560 Union Valley Rd, #767
West Milford, NJ 07480 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 25000
Date of expenditure
05/29/2024

Purpose of expenditure
Contribution

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here	Shelly R Moskwa	07/15/2024
	Signature of authorized official	Date

Form **8872**
(November 2002)
Department of the Treasury
Internal Revenue Service

Political Organization Report of Contributions and Expenditures

► See separate instructions.

OMB No. 1545-1696

A For the period beginning 01/01/2024 **and ending** 03/31/2024

B Check applicable box: ✔ Initial report ☐ Change of address ☐ Amended report ☐ Final report

1 Name of organization
Garden State Forward

Employer identification number
46 - 2383979

2 Mailing address (P.O. box or number, street, and room or suite number)
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

3 E-mail address of organization:
gardenstatefwd@gmail.com

4 Date organization was formed:
03/27/2013

5a Name of custodian of records
Kristen Sherman

5b Custodian's address
180 West State Street
Trenton, NJ 08607

6a Name of contact person
Kristen Sherman

6b Contact person's address
1634 Eye Street NW #1250
Washington, DC 20006 -

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

8 Type of report (check only one box)

✔ First quarterly report
(due by April 15)
☐ Second quarterly report
(due by July 15)
☐ Third quarterly report
(due by October 15)
☐ Year-end report
(due by January 31)
☐ Mid-year report (Non-election year only-due by July 31)
☐ Monthly report for the month of:
(due by the 20th day following the month shown above, except the December report, which is due by January 31)
☐ Pre-election report (due by the 12th or 15th day before the election)
(1) Type of election:
(2) Date of election:
(3) For the state of:
☐ Post-general election report (due by the 30th day after general election)
(1) Date of election:
(2) For the state of:

Schedule A Itemized Contributions

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 2004965

Amount of contribution
$ 200
Date of contribution
02/29/2024

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 2578884

Amount of contribution
$ 573919
Date of contribution
03/11/2024

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 2000200

Amount of contribution
$ 2000200
Date of contribution
01/26/2024

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 2004765

Amount of contribution
$ 4565
Date of contribution
02/08/2024

Schedule B Itemized Expenditures

Recipient's name, mailing address and ZIP code
Protecting Our Democracy Inc
PO Box 15845
Washington, DC 20003 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 2000000
Date of expenditure
01/26/2024

Purpose of expenditure
Donation

Recipient's name, mailing address and ZIP code
Aggregate Below Threshold
180 West State Street
Trenton, NJ 08607

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 60
Date of expenditure
03/31/2024

Purpose of expenditure
Aggregate Below Threshold

Recipient's name, mailing address and ZIP code
Utrecht Kleinfeld Fiori Clark Partners
1634 Eye St NW #1250
Washington, DC 20006 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 200
Date of expenditure
02/29/2024

Purpose of expenditure
Legal Consulting

Recipient's name, mailing address and ZIP code
Utrecht Kleinfeld Fiori Clark Partners
1634 Eye St NW #1250
Washington, DC 20006 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 4565
Date of expenditure
01/25/2024

Purpose of expenditure
Legal Consulting

Recipient's name, mailing address and ZIP code
American Representative Majority
PO Box 8899
Trenton, NJ 08650 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 74000
Date of expenditure
03/11/2024

Purpose of expenditure
Donation

Recipient's name, mailing address and ZIP code
Democracy in Action
4200 Wisconsin Ave NW #106-319
Washington, DC 20016 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 500000
Date of expenditure
03/11/2024

Purpose of expenditure
Donation

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here	Shelly R Moskwa Signature of authorized official	04/15/2024 Date

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here	Shelly Moskwa	07/31/2023
	Signature of authorized official	Date

Form **8872**
(November 2002)
Department of the Treasury
Internal Revenue Service

Political Organization Report of Contributions and Expenditures

► See separate instructions.

OMB No. 1545-1696

A For the period beginning 07/01/2023 **and ending** 12/31/2023

B Check applicable box: ✔ Initial report ☐ Change of address ☐ Amended report ☐ Final report

1 Name of organization
Garden State Forward

Employer identification number
46 - 2383979

2 Mailing address (P.O. box or number, street, and room or suite number)
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

3 E-mail address of organization:
gardenstatefwd@gmail.com

4 Date organization was formed:
03/27/2013

5a Name of custodian of records
Kristen Sherman

5b Custodian's address
180 West State Street
Trenton, NJ 08607

6a Name of contact person
Kristen Sherman

6b Contact person's address
1634 Eye Street NW #1250
Washington, DC 20006 -

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

8 Type of report (check only one box)

- ☐ First quarterly report (due by April 15)
- ☐ Second quarterly report (due by July 15)
- ☐ Third quarterly report (due by October 15)
- ✔ Year-end report (due by January 31)
- ☐ Mid-year report (Non-election year only-due by July 31)
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- ☐ Pre-election report (due by the 12th or 15th day before the election)
  (1) Type of election:
  (2) Date of election:
  (3) For the state of:
- ☐ Post-general election report (due by the 30th day after general election)
  (1) Date of election:
  (2) For the state of:

Schedule A Itemized Contributions

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A

Contributor's occupation
N/A

Aggregate contributions year-to-date
$ 3950000

Amount of contribution
$ 900000

Date of contribution
10/18/2023

Schedule B Itemized Expenditures

Recipient's name, mailing address and ZIP code
Action Together New Jersey
PO. BOX 1206
Madison, NJ 07940 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 36000
Date of expenditure
09/22/2023

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
Prosperity Rising NJ, Inc
12 North State Route 17, Suite 320
Paramus, NJ 07652 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 250000
Date of expenditure
07/18/2023

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
Districts For Democracy
PO Box 408
New brunswick, NJ 08903 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 14000
Date of expenditure
11/01/2023

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
Democratic Governors Association
1225 Eye St #1100
Washington, DC 20005 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 25000
Date of expenditure
09/22/2023

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
Education Truth Project
875 FRANKLIN AVE
Franklin Lakes, NJ 07417 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 5000
Date of expenditure
11/01/2023

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
Middle Ground
PO Box 64254
Monroe, NJ 08831 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 150000
Date of expenditure
09/21/2023

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
Utrecht, Kleinfeld, Fiori, Clark Partners
1634 Eye St NE Ste 1250
Washington, DC 20006 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 200
Date of expenditure
08/21/2023

Purpose of expenditure
Legal Consulting

Recipient's name, mailing address and ZIP code
Middle Ground
PO BOX 6424
Monroe, NJ 08831 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 50000
Date of expenditure
10/31/2023

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
Prosperity Rising NJ, Inc
12 North State Route 17, Suite 320
Paramus, NJ 07652 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 500000
Date of expenditure
08/28/2023

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
Prosperity Rising NJ, Inc
12 North State Route 17, Suite 320
Paramus, NJ 07652 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 50000
Date of expenditure
10/18/2023

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
Stronger, Fairer, Forward
600 PENNSYLVANIA AVE SE #15845
Washington, DC 20003 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 250000
Date of expenditure
11/07/2023

Purpose of expenditure
Contritbution

Recipient's name, mailing address and ZIP code
Prosperity Rising NJ, Inc
12 North State Route 17, Suite 320
Paramus, NJ 07652 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 100000
Date of expenditure
09/21/2023

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
Middle Ground
PO Box 64254
Monroe, NJ 08831 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 500000
Date of expenditure
07/28/2023

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
Prosperity Rising NJ, Inc
12 North State Route 17, Suite 320,
Paramus, NJ 07652 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 100000
Date of expenditure
10/24/2023

Purpose of expenditure
Contribution

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here	Shelly R Moskwa	01/31/2024
	Signature of authorized official	Date

Form **8872**
(November 2002)
Department of the Treasury
Internal Revenue Service

Political Organization Report of Contributions and Expenditures

► See separate instructions.

OMB No. 1545-1696

A For the period beginning 01/01/2023 **and ending** 06/30/2023

B Check applicable box: ✔ Initial report ☐ Change of address ☐ Amended report ☐ Final report

1 Name of organization
Garden State Forward

Employer identification number
46 - 2383979

2 Mailing address (P.O. box or number, street, and room or suite number)
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

3 E-mail address of organization:
gardenstatefwd@gmail.com

4 Date organization was formed:
03/27/2013

5a Name of custodian of records
Kristen Sherman

5b Custodian's address
180 West State Street
Trenton, NJ 08607

6a Name of contact person
Kristen Sherman

6b Contact person's address
1634 Eye Street NW #1250
Washington, DC 20006 -

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

8 Type of report (check only one box)

☐ First quarterly report (due by April 15)
☐ Second quarterly report (due by July 15)
☐ Third quarterly report (due by October 15)
☐ Year-end report (due by January 31)
✔ Mid-year report (Non-election year only-due by July 31)
☐ Monthly report for the month of: (due by the 20th day following the month shown above, except the December report, which is due by January 31)
☐ Pre-election report (due by the 12th or 15th day before the election)
(1) Type of election:
(2) Date of election:
(3) For the state of:
☐ Post-general election report (due by the 30th day after general election)
(1) Date of election:
(2) For the state of:

Schedule A Itemized Contributions

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A

Contributor's occupation
N/A

Aggregate contributions year-to-date
$ 3050000

Amount of contribution
$ 3050000

Date of contribution
05/23/2023

Schedule B Itemized Expenditures

Recipient's name, mailing address and ZIP code
The Turnout Project
121 W Wacker Drive
Chicago, IL 60601 -

Name of recipient's employer
N/A

Recipients's occupation
N/A

Amount of Expenditure
$ 50000

Date of expenditure
05/23/2023

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
Utrecht Kleinfeld Fiori Clark PArtners
1634 Eye St NW #1250
Washington, DC 20006 -

Name of recipient's employer
N/A

Recipients's occupation
N/A

Amount of Expenditure
$ 1050

Date of expenditure
01/23/2023

Purpose of expenditure
Legal Consulting

Recipient's name, mailing address and ZIP code
Aggregate Below Threshold
180 West State Street
Trenton, NJ 08607

Name of recipient's employer
N/A

Recipients's occupation
N/A

Amount of Expenditure
$ 25

Date of expenditure
06/30/2023

Purpose of expenditure
Aggregate Below Threshold

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here	Shelly Moskwa	07/31/2023
	Signature of authorized official	Date

Form **8872**
(November 2002)
Department of the Treasury
Internal Revenue Service

Political Organization Report of Contributions and Expenditures

► See separate instructions.

OMB No. 1545-1696

A For the period beginning 11/29/2022 **and ending** 12/31/2022

B Check applicable box: ✔ Initial report ___ Change of address ___ Amended report ___ Final report

1 Name of organization
Garden State Forward

Employer identification number
46 - 2383979

2 Mailing address (P.O. box or number, street, and room or suite number)
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

3 E-mail address of organization:
gardenstatefwd@gmail.com

4 Date organization was formed:
03/27/2013

5a Name of custodian of records
Kristen Sherman

5b Custodian's address
180 West State Street
Trenton, NJ 08607

6a Name of contact person
Kristen Sherman

6b Contact person's address
1634 Eye Street NW #1250
Washington, DC 20006 -

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

8 Type of report (check only one box)

___ First quarterly report (due by April 15)
___ Second quarterly report (due by July 15)
___ Third quarterly report (due by October 15)
✔ Year-end report (due by January 31)
___ Mid-year report (Non-election year only-due by July 31)
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(1) Type of election:
(2) Date of election:
(3) For the state of:
___ Post-general election report (due by the 30th day after general election)
(1) Date of election:
(2) For the state of:

Schedule A **Itemized Contributions** Schedule A

Schedule B Itemized Expenditures

Recipient's name, mailing address and ZIP code
Utrecht Kleinfeld Fiori Clark Partners
1634 Eye St NW Suite 1250
Washington, DC 20006 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 1266
Date of expenditure
12/13/2022

Purpose of expenditure
Legal Consulting

Recipient's name, mailing address and ZIP code
American Democratic Majority
PO Box 8899
Trenton, NJ 08650 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 200000
Date of expenditure
12/13/2022

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
NJ United
36 W 44th Street, Suite 707A
New York, NY 10036 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 250000
Date of expenditure
12/13/2022

Purpose of expenditure
Contribution

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here	Shelly R Moskwa	01/31/2023
	Signature of authorized official	Date

Form **8872**
(November 2002)
Department of the Treasury
Internal Revenue Service

Political Organization Report of Contributions and Expenditures

► See separate instructions.

OMB No. 1545-1696

A For the period beginning 10/20/2022 **and ending** 11/28/2022

B Check applicable box: ✔ Initial report ___ Change of address ___ Amended report ___ Final report

1 Name of organization
Garden State Forward

Employer identification number
46 - 2383979

2 Mailing address (P.O. box or number, street, and room or suite number)
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

3 E-mail address of organization:
gardenstatefwd@gmail.com

4 Date organization was formed:
03/27/2013

5a Name of custodian of records
Kristen Sherman

5b Custodian's address
180 West State Street
Trenton, NJ 08607

6a Name of contact person
Kristen Sherman

6b Contact person's address
1634 Eye Street NW #1250
Washington, DC 20006 -

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

8 Type of report (check only one box)

___ First quarterly report (due by April 15)
___ Second quarterly report (due by July 15)
___ Third quarterly report (due by October 15)
___ Year-end report (due by January 31)
___ Mid-year report (Non-election year only-due by July 31)
___ Monthly report for the month of: (due by the 20th day following the month shown above, except the December report, which is due by January 31)
___ Pre-election report (due by the 12th or 15th day before the election)
(1) Type of election:
(2) Date of election:
(3) For the state of:
✔ Post-general election report (due by the 30th day after general election)
(1) Date of election: 11/08/2022
(2) For the state of: NJ

Schedule A **Itemized Contributions** Schedule A

Schedule B Itemized Expenditures

Recipient's name, mailing address and ZIP code
Democractic Governors Association
1225 Eye St. NW, Suite 1100
Washington, DC 20005 -

Name of recipient's employer
N/A

Recipients's occupation
N/A

Amount of Expenditure
$ 50000

Date of expenditure
11/01/2022

Purpose of expenditure
Donation

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here	Shelly R Moskwa	12/08/2022
	Signature of authorized official	Date

Form **8872**
(November 2002)
Department of the Treasury
Internal Revenue Service

Political Organization Report of Contributions and Expenditures

► See separate instructions.

OMB No. 1545-1696

A For the period beginning 10/01/2022 **and ending** 10/19/2022

B Check applicable box: ✔ Initial report ___ Change of address ___ Amended report ___ Final report

1 Name of organization
Garden State Forward

Employer identification number
46 - 2383979

2 Mailing address (P.O. box or number, street, and room or suite number)
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

3 E-mail address of organization:
gardenstatefwd@gmail.com

4 Date organization was formed:
03/27/2013

5a Name of custodian of records
Kristen Sherman

5b Custodian's address
180 West State Street
Trenton, NJ 08607

6a Name of contact person
Kristen Sherman

6b Contact person's address
1634 Eye Street NW #1250
Washington, DC 20006 -

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

8 Type of report (check only one box)

___ First quarterly report (due by April 15)
___ Second quarterly report (due by July 15)
___ Third quarterly report (due by October 15)
___ Year-end report (due by January 31)
___ Mid-year report (Non-election year only-due by July 31)
___ Monthly report for the month of: (due by the 20th day following the month shown above, except the December report, which is due by January 31)
✔ Pre-election report (due by the 12th or 15th day before the election)
(1) Type of election: general
(2) Date of election: 11/08/2022
(3) For the state of: NJ
___ Post-general election report (due by the 30th day after general election)
(1) Date of election:
(2) For the state of:

Schedule A **Itemized Contributions** Schedule A

Schedule B Itemized Expenditures

Recipient's name, mailing address and ZIP code
Progressive Values Committee
40 Avenue B
Bayonne, NJ 07002 -

Name of recipient's employer
N/A

Recipients's occupation
N/A

Amount of Expenditure
$ 10000

Date of expenditure
10/19/2022

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
Progressive Values Committee
40 Avenue B
Bayonne, NJ 07002 -

Name of recipient's employer
N/A

Recipients's occupation
N/A

Amount of Expenditure
$ 100000

Date of expenditure
10/11/2022

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
House Majority PAC
700 13TH STREET NW No 800
Washington, DC 20005 -

Name of recipient's employer
N/A

Recipients's occupation
N/A

Amount of Expenditure
$ 250000

Date of expenditure
10/13/2022

Purpose of expenditure
Contribution

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here	Shelly R Moskwa Signature of authorized official	10/27/2022 Date

Form **8872**
(November 2002)
Department of the Treasury
Internal Revenue Service

Political Organization Report of Contributions and Expenditures

► See separate instructions.

OMB No. 1545-1696

A For the period beginning 07/01/2022 **and ending** 09/30/2022

B Check applicable box: ✔ Initial report ☐ Change of address ☐ Amended report ☐ Final report

1 Name of organization
Garden State Forward

Employer identification number
46 - 2383979

2 Mailing address (P.O. box or number, street, and room or suite number)
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

3 E-mail address of organization:
gardenstatefwd@gmail.com

4 Date organization was formed:
03/27/2013

5a Name of custodian of records
Kristen Butler

5b Custodian's address
180 West State Street
Trenton, NJ 08607

6a Name of contact person
Kristen Sherman

6b Contact person's address
1634 Eye Street NW #1250
Washington, DC 20006 -

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

8 Type of report (check only one box)

- ☐ First quarterly report (due by April 15)
- ☐ Second quarterly report (due by July 15)
- ✔ Third quarterly report (due by October 15)
- ☐ Year-end report (due by January 31)
- ☐ Mid-year report (Non-election year only-due by July 31)
- ☐ Monthly report for the month of: (due by the 20th day following the month shown above, except the December report, which is due by January 31)
- ☐ Pre-election report (due by the 12th or 15th day before the election)
  (1) Type of election:
  (2) Date of election:
  (3) For the state of:
- ☐ Post-general election report (due by the 30th day after general election)
  (1) Date of election:
  (2) For the state of:

Schedule A Itemized Contributions

Contributor's name, mailing address and ZIP code
New Jersey Education Assn
180 W State St
Trenton, NJ 08608 -

Name of contributor's employer
N/A

Contributor's occupation
N/A

Aggregate contributions year-to-date
$ 1500000

Amount of contribution
$ 1500000

Date of contribution
08/10/2022

Schedule B Itemized Expenditures

Recipient's name, mailing address and ZIP code
Protecting Our Democracy, Inc
PO Box 15845
Washington, DC 20003 -

Name of recipient's employer
N/A

Recipients's occupation
N/A

Amount of Expenditure
$ 2000000

Date of expenditure
09/12/2022

Purpose of expenditure
Contribution

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here	Shelly R Moskwa	10/15/2022
	Signature of authorized official	Date

Form **8872**
(November 2002)
Department of the Treasury
Internal Revenue Service

Political Organization Report of Contributions and Expenditures

► See separate instructions.

OMB No. 1545-1696

A For the period beginning 04/01/2022 **and ending** 06/30/2022

B Check applicable box: ✔ Initial report ☐ Change of address ☐ Amended report ☐ Final report

1 Name of organization
Garden State Forward

Employer identification number
46 - 2383979

2 Mailing address (P.O. box or number, street, and room or suite number)
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

3 E-mail address of organization:
gardenstatefwd@gmail.com

4 Date organization was formed:
03/27/2013

5a Name of custodian of records
Kristen Butler

5b Custodian's address
180 West State Street
Trenton, NJ 08607

6a Name of contact person
Kristen Butler

6b Contact person's address
1634 Eye Street NW #1250
Washington, DC 20006 -

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

8 Type of report (check only one box)

- ☐ First quarterly report (due by April 15)
- ✔ Second quarterly report (due by July 15)
- ☐ Third quarterly report (due by October 15)
- ☐ Year-end report (due by January 31)
- ☐ Mid-year report (Non-election year only-due by July 31)
- ☐ Monthly report for the month of: (due by the 20th day following the month shown above, except the December report, which is due by January 31)
- ☐ Pre-election report (due by the 12th or 15th day before the election)
  (1) Type of election:
  (2) Date of election:
  (3) For the state of:
- ☐ Post-general election report (due by the 30th day after general election)
  (1) Date of election:
  (2) For the state of:

Schedule A **Itemized Contributions** Schedule A

Schedule B Itemized Expenditures

Recipient's name, mailing address and ZIP code
American Democratic Majority
PO Box 8899
Trenton, NJ 08650 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 5000
Date of expenditure
04/25/2022

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
Protecting Our Democracy Inc
PO Box 15845
Washington, DC 20003 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 1000000
Date of expenditure
04/27/2022

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
Stronger Fairer Forward, Inc
PO Box 36
Maplewood, NJ 07040 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 750000
Date of expenditure
05/18/2022

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
Americas Future First
PO Box 15320
Washington, DC 20003 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 8100
Date of expenditure
05/06/2022

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
Aggregate Below Threshold
180 West State Street
Trenton, NJ 08607

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 200
Date of expenditure
06/30/2022

Purpose of expenditure
Aggregate Below Threshold

Recipient's name, mailing address and ZIP code
Progressive Values Committee
40 Avenue B
Bayonne, NJ 07002 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 70000
Date of expenditure
05/03/2022

Purpose of expenditure
Contribution

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here	Shelly R Moskwa	07/13/2022
	Signature of authorized official	Date

Form **8872**
(November 2002)
Department of the Treasury
Internal Revenue Service

Political Organization Report of Contributions and Expenditures

► See separate instructions.

OMB No. 1545-1696

A For the period beginning 01/01/2022 **and ending** 03/31/2022

B Check applicable box: ✔ Initial report ☐ Change of address ☐ Amended report ☐ Final report

1 Name of organization
Garden State Forward

Employer identification number
46 - 2383979

2 Mailing address (P.O. box or number, street, and room or suite number)
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

3 E-mail address of organization:
gardenstatefwd@gmail.com

4 Date organization was formed:
03/27/2013

5a Name of custodian of records
Kristen Butler

5b Custodian's address
180 West State Street
Trenton, NJ 08607

6a Name of contact person
Kristen Butler

6b Contact person's address
1634 Eye Street NW #1250
Washington, DC 20006 -

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

8 Type of report (check only one box)

✔ First quarterly report (due by April 15)
☐ Second quarterly report (due by July 15)
☐ Third quarterly report (due by October 15)
☐ Year-end report (due by January 31)
☐ Mid-year report (Non-election year only-due by July 31)
☐ Monthly report for the month of: (due by the 20th day following the month shown above, except the December report, which is due by January 31)
☐ Pre-election report (due by the 12th or 15th day before the election)
(1) Type of election:
(2) Date of election:
(3) For the state of:
☐ Post-general election report (due by the 30th day after general election)
(1) Date of election:
(2) For the state of:

Schedule A Itemized Contributions

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A

Contributor's occupation
N/A

Aggregate contributions year-to-date
$ 4500000

Amount of contribution
$ 4500000

Date of contribution
03/29/2022

Schedule B Itemized Expenditures

Recipient's name, mailing address and ZIP code
Aggregate Below Threshold
180 West State Street
Trenton, NJ 08607

Name of recipient's employer
N/A

Recipients's occupation
N/A

Amount of Expenditure
$ 275

Date of expenditure
03/31/2022

Purpose of expenditure
Aggregate Below Threshold

Recipient's name, mailing address and ZIP code
Stronger Fairer Forward, Inc
PO BOX 36
Maplewood, NJ 07040 -

Name of recipient's employer
N/A

Recipients's occupation
N/A

Amount of Expenditure
$ 750000

Date of expenditure
03/29/2022

Purpose of expenditure
Contribution

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here	Shelly Moskwa	04/15/2022
	Signature of authorized official	Date

Form **8872**
(November 2002)
Department of the Treasury
Internal Revenue Service

Political Organization Report of Contributions and Expenditures

► See separate instructions.

OMB No. 1545-1696

A For the period beginning 07/01/2021 **and ending** 12/31/2021

B Check applicable box: ✔ Initial report ☐ Change of address ☐ Amended report ☐ Final report

1 Name of organization
Garden State Forward

Employer identification number
46 - 2383979

2 Mailing address (P.O. box or number, street, and room or suite number)
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

3 E-mail address of organization:
gardenstatefwd@gmail.com

4 Date organization was formed:
03/27/2013

5a Name of custodian of records
Kristen Butler

5b Custodian's address
180 West State Street
Trenton, NJ 08607

6a Name of contact person
Kristen Butler

6b Contact person's address
1776 Eye Street NW 10th Floor
Washington, DC 20006 -

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

8 Type of report (check only one box)

- ☐ First quarterly report (due by April 15)
- ☐ Second quarterly report (due by July 15)
- ☐ Third quarterly report (due by October 15)
- ✔ Year-end report (due by January 31)
- ☐ Mid-year report (Non-election year only-due by July 31)
- ☐ Monthly report for the month of: (due by the 20th day following the month shown above, except the December report, which is due by January 31)
- ☐ Pre-election report (due by the 12th or 15th day before the election)
  (1) Type of election:
  (2) Date of election:
  (3) For the state of:
- ☐ Post-general election report (due by the 30th day after general election)
  (1) Date of election:
  (2) For the state of:

Schedule A **Itemized Contributions** Schedule A

Schedule B Itemized Expenditures

Recipient's name, mailing address and ZIP code
Intelligent Design Partners
3 Loucroft Road
Haddonfield, NJ 08033 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 12500
Date of expenditure
10/06/2021

Purpose of expenditure
Research

Recipient's name, mailing address and ZIP code
Committee to Build the Economy
60 Rosedale Ave
Caldwell, NJ 07006 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 500000
Date of expenditure
10/27/2021

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
Greenberg Quinlan Rosner Research Inc
1101 15th St NW Suite 900
Washington, DC 20009 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 18000
Date of expenditure
09/20/2021

Purpose of expenditure
Research

Recipient's name, mailing address and ZIP code
Greenberg Quinlan Rosner Research Inc
1101 15th St NW Suite 900
Washington, DC 20005 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 18000
Date of expenditure
10/06/2021

Purpose of expenditure
Research

Recipient's name, mailing address and ZIP code
Our NJ
174 Nassau Street #390
Princeton, NJ 08542 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 2500000
Date of expenditure
08/19/2021

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
CheckMate Advisors
3 Loucroft Road
Haddonfield, NJ 08033 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 12500
Date of expenditure
10/10/2021

Purpose of expenditure
Research

Recipient's name, mailing address and ZIP code
Greenberg Quinlan Rosner Research Inc
1101 15th St NW Suite 900
Washington, DC 20005 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 26750
Date of expenditure
09/22/2021

Purpose of expenditure
Research

Recipient's name, mailing address and ZIP code
Utrecht Kleinfeld Fiori Partners
1776 Eye St NW 10th FL
Washington, DC 20006 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 17400
Date of expenditure
11/23/2021

Purpose of expenditure
Legal Consulting

Recipient's name, mailing address and ZIP code
Utrecht Kleinfeld Fiori Partners
1776 Eye St NW Washington DC 2000
Washington, DC 20006 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 1195
Date of expenditure
10/14/2021

Purpose of expenditure
Legal Consulting

Recipient's name, mailing address and ZIP code
Utrecht Kleinfeld Fiori Partners
1776 Eye St NW 10th FL
Washington, DC 20006 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 1538
Date of expenditure
09/27/2021

Purpose of expenditure
Legal Consulting

Recipient's name, mailing address and ZIP code
Committee to Build the Economy
60 Roseland Ave
Caldwell, NJ 07006 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 2500000
Date of expenditure
08/19/2021

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
Utrecht Kleinfeld Fiori Partners
1776 Eye St NW 10th Fl
Washington, DC 20006 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 200
Date of expenditure
12/13/2021

Purpose of expenditure
Legal Consulting

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here	Shelly R Moskwa	01/31/2022
	Signature of authorized official	Date

Form **8872**
(November 2002)
Department of the Treasury
Internal Revenue Service

Political Organization Report of Contributions and Expenditures

► See separate instructions.

OMB No. 1545-1696

A For the period beginning 01/01/2021 **and ending** 06/30/2021

B Check applicable box: ✔ Initial report ☐ Change of address ☐ Amended report ☐ Final report

1 Name of organization
Garden State Forward

Employer identification number
46 - 2383979

2 Mailing address (P.O. box or number, street, and room or suite number)
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

3 E-mail address of organization:
gardenstatefwd@gmail.com

4 Date organization was formed:
03/27/2013

5a Name of custodian of records
Kristen Butler

5b Custodian's address
180 West State Street
Trenton, NJ 08607

6a Name of contact person
Kristen Butler

6b Contact person's address
1776 Eye Street NW 10th Floor
Washington, DC 20006 -

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

8 Type of report (check only one box)

☐ First quarterly report (due by April 15)
☐ Second quarterly report (due by July 15)
☐ Third quarterly report (due by October 15)
☐ Year-end report (due by January 31)
✔ Mid-year report (Non-election year only-due by July 31)
☐ Monthly report for the month of: (due by the 20th day following the month shown above, except the December report, which is due by January 31)
☐ Pre-election report (due by the 12th or 15th day before the election)
(1) Type of election:
(2) Date of election:
(3) For the state of:
☐ Post-general election report (due by the 30th day after general election)
(1) Date of election:
(2) For the state of:

Schedule A Itemized Contributions

Contributor's name, mailing address and ZIP code
New Jersey Educatrion Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 11585745

Amount of contribution
$ 745
Date of contribution
04/01/2021

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 11585745

Amount of contribution
$ 11500000
Date of contribution
05/11/2021

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 11585745

Amount of contribution
$ 85000
Date of contribution
04/28/2021

Schedule B Itemized Expenditures

Recipient's name, mailing address and ZIP code
Utrecht Kleinfeld Fiori Partners
1776 Eye St NW 10th FL
Washington, DC 20005 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 3725
Date of expenditure
06/16/2021

Purpose of expenditure
Legal Consulting

Recipient's name, mailing address and ZIP code
American Democratic Majority
PO Box 8899
Trenton, NJ 08650 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 1250000
Date of expenditure
01/13/2021

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
American Democratic Majority
PO Box 8899
Trenton, NJ 08650 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 15000
Date of expenditure
06/02/2021

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
Utrecht Kleinfeld Fiori Partners
1776 Eye St NW 10th FL
Washington, DC 20006 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 745
Date of expenditure
04/01/2021

Purpose of expenditure
Legal Consulting

Recipient's name, mailing address and ZIP code
Aggregate Below Threshold
180 West State Street
Trenton, NJ 08607

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 119
Date of expenditure
06/16/2021

Purpose of expenditure
Aggregate Below Threshold

Recipient's name, mailing address and ZIP code
Democratic Governors Assn
1225 Eye St #1100
Washington, DC 20005 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 5000
Date of expenditure
03/04/2021

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
America's Future First
PO Box 15320
Washington, DC 20003 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 121210
Date of expenditure
04/30/2021

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
Building Stronger Communities
5 Sicomac Road, Suite 191
N Haledon, NJ 07508 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 25000
Date of expenditure
04/15/2021

Purpose of expenditure
Contribution

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here	Shelly Moskwa	07/30/2021
	Signature of authorized official	Date

Form **8872**
(November 2002)
Department of the Treasury
Internal Revenue Service

Political Organization Report of Contributions and Expenditures

► See separate instructions.

OMB No. 1545-1696

A For the period beginning 11/24/2020 **and ending** 12/31/2020

B Check applicable box: ✔ Initial report ___ Change of address ___ Amended report ___ Final report

1 Name of organization
Garden State Forward

Employer identification number
46 - 2383979

2 Mailing address (P.O. box or number, street, and room or suite number)
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

3 E-mail address of organization:
gardenstatefwd@gmail.com

4 Date organization was formed:
03/27/2013

5a Name of custodian of records
Kristen Butler

5b Custodian's address
180 West State Street
Trenton, NJ 08607

6a Name of contact person
Kristen Butler

6b Contact person's address
1776 Eye Street NW 10th Floor
Washington, DC 20006 -

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

8 Type of report (check only one box)

___ First quarterly report (due by April 15)
___ Second quarterly report (due by July 15)
___ Third quarterly report (due by October 15)
✔ Year-end report (due by January 31)
___ Mid-year report (Non-election year only-due by July 31)
___ Monthly report for the month of: (due by the 20th day following the month shown above, except the December report, which is due by January 31)
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(1) Type of election:
(2) Date of election:
(3) For the state of:
___ Post-general election report (due by the 30th day after general election)
(1) Date of election:
(2) For the state of:

Schedule A **Itemized Contributions** Schedule A

Schedule B **Itemized Expenditures** Schedule B

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here	Shelly Moskwa	02/01/2021
	Signature of authorized official	Date

Form **8872**
(November 2002)
Department of the Treasury
Internal Revenue Service

Political Organization Report of Contributions and Expenditures

► See separate instructions.

OMB No. 1545-1696

A For the period beginning 10/15/2020 **and ending** 11/23/2020

B Check applicable box: ✔ Initial report ___ Change of address ___ Amended report ___ Final report

1 Name of organization
Garden State Forward

Employer identification number
46 - 2383979

2 Mailing address (P.O. box or number, street, and room or suite number)
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

3 E-mail address of organization:
gardenstatefwd@gmail.com

4 Date organization was formed:
03/27/2013

5a Name of custodian of records
Kristen Butler

5b Custodian's address
180 West State Street
Trenton, NJ 08607

6a Name of contact person
Kristen Butler

6b Contact person's address
1776 Eye Street NW 10th Floor
Washington, DC 20006 -

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

8 Type of report (check only one box)

___ First quarterly report (due by April 15)
___ Second quarterly report (due by July 15)
___ Third quarterly report (due by October 15)
___ Year-end report (due by January 31)
___ Mid-year report (Non-election year only-due by July 31)
___ Monthly report for the month of: (due by the 20th day following the month shown above, except the December report, which is due by January 31)
___ Pre-election report (due by the 12th or 15th day before the election)
(1) Type of election:
(2) Date of election:
(3) For the state of:
✔ Post-general election report (due by the 30th day after general election)
(1) Date of election: 11/03/2020
(2) For the state of: NJ

Schedule A **Itemized Contributions** Schedule A

Schedule B Itemized Expenditures

Recipient's name, mailing address and ZIP code
Garden State Consortium of Concerned Citizens
180 West State Street
Trenton, NJ 08607

Name of recipient's employer
N/A

Recipients's occupation
N/A

Amount of Expenditure
$ 20000

Date of expenditure
10/26/2020

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
America's Future First
PO BOX 15320
Washington, DC 20003 -

Name of recipient's employer
N/A

Recipients's occupation
N/A

Amount of Expenditure
$ 55000

Date of expenditure
10/22/2020

Purpose of expenditure
Contribution

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here	Shelly R Moskwa Signature of authorized official	12/03/2020 Date

Form **8872**
(November 2002)
Department of the Treasury
Internal Revenue Service

Political Organization Report of Contributions and Expenditures

► See separate instructions.

OMB No. 1545-1696

A For the period beginning 10/01/2020 **and ending** 10/14/2020

B Check applicable box: ✔ Initial report ___ Change of address ___ Amended report ___ Final report

1 Name of organization
Garden State Forward

Employer identification number
46 - 2383979

2 Mailing address (P.O. box or number, street, and room or suite number)
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

3 E-mail address of organization:
gardenstatefwd@gmail.com

4 Date organization was formed:
03/27/2013

5a Name of custodian of records
Kristen Butler

5b Custodian's address
180 West State Street
Trenton, NJ 08607

6a Name of contact person
Kristen Butler

6b Contact person's address
1776 Eye Street NW 10th Floor
Washington, DC 20006 -

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

8 Type of report (check only one box)

___ First quarterly report (due by April 15)
___ Second quarterly report (due by July 15)
___ Third quarterly report (due by October 15)
___ Year-end report (due by January 31)
___ Mid-year report (Non-election year only-due by July 31)
___ Monthly report for the month of: (due by the 20th day following the month shown above, except the December report, which is due by January 31)
✔ Pre-election report (due by the 12th or 15th day before the election)
(1) Type of election: general
(2) Date of election: 11/03/2020
(3) For the state of: NJ
___ Post-general election report (due by the 30th day after general election)
(1) Date of election:
(2) For the state of:

Schedule A **Itemized Contributions** Schedule A

Schedule B Itemized Expenditures

Recipient's name, mailing address and ZIP code
Utrecht Kleinfeld Fiori Partners
1776 Eye St NW 10th FL
Washington, DC 20006 -

Name of recipient's employer
N/A

Recipients's occupation
N/A

Amount of Expenditure
$ 2100

Date of expenditure
10/06/2020

Purpose of expenditure
Legal Consulting

Recipient's name, mailing address and ZIP code
NJ Working Families Alliance
1037 Raymond Blvd
Newark, NJ 07102 -

Name of recipient's employer
N/A

Recipients's occupation
N/A

Amount of Expenditure
$ 7000

Date of expenditure
10/01/2020

Purpose of expenditure
Contribution

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here	Signature of authorized official	Date
		10/22/2020

Form **8872**
(November 2002)
Department of the Treasury
Internal Revenue Service

Political Organization Report of Contributions and Expenditures

► See separate instructions.

OMB No. 1545-1696

A For the period beginning 07/01/2020 **and ending** 09/30/2020

B Check applicable box: ✔ Initial report ☐ Change of address ☐ Amended report ☐ Final report

1 Name of organization
Garden State Forward

Employer identification number
46 - 2383979

2 Mailing address (P.O. box or number, street, and room or suite number)
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

3 E-mail address of organization:
gardenstatefwd@gmail.com

4 Date organization was formed:
03/27/2013

5a Name of custodian of records
Kristen Butler

5b Custodian's address
180 West State Street
Trenton, NJ 08607

6a Name of contact person
Kristen Butler

6b Contact person's address
1776 Eye Street NW 10th Floor
Washington, DC 20006 -

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

8 Type of report (check only one box)

- ☐ First quarterly report (due by April 15)
- ☐ Second quarterly report (due by July 15)
- ✔ Third quarterly report (due by October 15)
- ☐ Year-end report (due by January 31)
- ☐ Mid-year report (Non-election year only-due by July 31)
- ☐ Monthly report for the month of: (due by the 20th day following the month shown above, except the December report, which is due by January 31)
- ☐ Pre-election report (due by the 12th or 15th day before the election)
  (1) Type of election:
  (2) Date of election:
  (3) For the state of:
- ☐ Post-general election report (due by the 30th day after general election)
  (1) Date of election:
  (2) For the state of:

Schedule A Itemized Contributions

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 7588985

Amount of contribution
$ 5000
Date of contribution
07/22/2020

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 7588985

Amount of contribution
$ 6000000
Date of contribution
08/24/2020

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 7588985

Amount of contribution
$ 50000
Date of contribution
08/14/2020

Schedule B Itemized Expenditures

Recipient's name, mailing address and ZIP code
Celebrate New Jersey Now Inc
60 Roseland Avenue
Caldwell, NJ 07006 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 50000
Date of expenditure
07/22/2020

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
Re-Elect Currie Schaffer Inc
180 West State Street
Trenton, NJ 08607

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 50000
Date of expenditure
09/03/2020

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
Celebrate New Jersey Now Inc
60 Roseland Avenue
Caldwell, NJ 07006 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 50000
Date of expenditure
08/14/2020

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
New Direction NJ
611 Pennsylvania Ave SE, Suite 143
Washington, DC 20033 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 1500000
Date of expenditure
08/24/2020

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
Utrecht Kleinfeld
1776 Eye St NW
Washington, DC 20006 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 1105
Date of expenditure
09/10/2020

Purpose of expenditure
Legal Consulting

Recipient's name, mailing address and ZIP code
America’s Future First
PO Box 15230
Washington, DC 20003 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 50000
Date of expenditure
08/31/2020

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
New Direction NJ
611 Pennsylvania Ave SE, Suite 143
Washington, DC 20033 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 1250000
Date of expenditure
09/25/2020

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
House Majority PAC
700 13TH STREET, NW #800
Washington, DC 20005 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 250000
Date of expenditure
08/25/2020

Purpose of expenditure
Contribution

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here	Signature of authorized official	Date
		10/15/2020

Form **8872**
(November 2002)
Department of the Treasury
Internal Revenue Service

Political Organization Report of Contributions and Expenditures

► See separate instructions.

OMB No. 1545-1696

A For the period beginning 04/01/2020 **and ending** 06/30/2020

B Check applicable box: ✔ Initial report ☐ Change of address ☐ Amended report ☐ Final report

1 Name of organization
Garden State Forward

Employer identification number
46 - 2383979

2 Mailing address (P.O. box or number, street, and room or suite number)
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

3 E-mail address of organization:
gardenstatefwd@gmail.com

4 Date organization was formed:
03/27/2013

5a Name of custodian of records
Kristen Butler

5b Custodian's address
180 West State Street
Trenton, NJ 08607

6a Name of contact person
Kristen Butler

6b Contact person's address
1776 Eye Street NW 10th Floor
Washington, DC 20006 -

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

8 Type of report (check only one box)

- ☐ First quarterly report (due by April 15)
- ✔ Second quarterly report (due by July 15)
- ☐ Third quarterly report (due by October 15)
- ☐ Year-end report (due by January 31)
- ☐ Mid-year report (Non-election year only-due by July 31)
- ☐ Monthly report for the month of: (due by the 20th day following the month shown above, except the December report, which is due by January 31)
- ☐ Pre-election report (due by the 12th or 15th day before the election)
  (1) Type of election:
  (2) Date of election:
  (3) For the state of:
- ☐ Post-general election report (due by the 30th day after general election)
  (1) Date of election:
  (2) For the state of:

Schedule A Itemized Contributions

Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution	Aggregate contributions year-to-date	Date of contribution
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A	$ 50	$ 1488985	04/13/2020
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A	$ 80000	$ 1488985	05/07/2020
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A	$ 33270	$ 1488985	04/20/2020
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A	$ 35790	$ 1488985	04/29/2020
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A	$ 600	$ 1488985	06/04/2020
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A	$ 89000	$ 1488985	04/03/2020

Schedule B Itemized Expenditures

Recipient's name, mailing address and ZIP code
Utrecht Kleinfeld Fiori Partners
1776 Eye Street NW
Washington , DC 20006 -

Name of recipient's employer
N/A

Recipients's occupation
N/A

Amount of Expenditure
$ 600

Date of expenditure
06/04/2020

Purpose of expenditure
Legal Consulting

Recipient's name, mailing address and ZIP code
America's Future First
410 First St SE #310
Washington, DC 20003 -

Name of recipient's employer
N/A

Recipients's occupation
N/A

Amount of Expenditure
$ 80000

Date of expenditure
05/07/2020

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
Utrecht Kleinfeld Fiori Partners
1776 Eye Street NW 10th Floor
Washington , DC 20006 -

Name of recipient's employer
N/A

Recipients's occupation
N/A

Amount of Expenditure
$ 50

Date of expenditure
04/13/2020

Purpose of expenditure
Legal Consulting

Recipient's name, mailing address and ZIP code
Utrecht Kleinfeld Fiori Partners
1776 Eye Street, NW 10th Floor
Washington, DC 20006 -

Name of recipient's employer
N/A

Recipients's occupation
N/A

Amount of Expenditure
$ 1950

Date of expenditure
04/29/2020

Purpose of expenditure
Legal Consulting

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here	Shelly R Moskwa Signature of authorized official	07/15/2020 Date

Form **8872**
(November 2002)
Department of the Treasury
Internal Revenue Service

Political Organization Report of Contributions and Expenditures

► See separate instructions.

OMB No. 1545-1696

A For the period beginning 01/01/2020 **and ending** 03/31/2020

B Check applicable box: ✔ Initial report ☐ Change of address ☐ Amended report ☐ Final report

1 Name of organization
Garden State Forward

Employer identification number
46 - 2383979

2 Mailing address (P.O. box or number, street, and room or suite number)
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

3 E-mail address of organization:
gardenstatefwd@gmail.com

4 Date organization was formed:
03/27/2013

5a Name of custodian of records
Kristen Butler

5b Custodian's address
180 West State Street
Trenton, NJ 08607

6a Name of contact person
Kristen Butler

6b Contact person's address
1776 Eye Street NW 10th Floor
Washington, DC 20006 -

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

8 Type of report (check only one box)

✔ First quarterly report (due by April 15)
☐ Second quarterly report (due by July 15)
☐ Third quarterly report (due by October 15)
☐ Year-end report (due by January 31)
☐ Mid-year report (Non-election year only-due by July 31)
☐ Monthly report for the month of: (due by the 20th day following the month shown above, except the December report, which is due by January 31)
☐ Pre-election report (due by the 12th or 15th day before the election)
(1) Type of election:
(2) Date of election:
(3) For the state of:
☐ Post-general election report (due by the 30th day after general election)
(1) Date of election:
(2) For the state of:

Schedule A Itemized Contributions

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 1250275

Amount of contribution
$ 275
Date of contribution
02/25/2020

Contributor's name, mailing address and ZIP code
New Jersey Education Associatiom
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 1250000

Amount of contribution
$ 1250000
Date of contribution
02/03/2020

Schedule B Itemized Expenditures

Recipient's name, mailing address and ZIP code
New Direction New Jersey
399 Bloomfield Ave, Suite 1
Caldwell, NJ 07006 -

Name of recipient's employer
N/A

Recipients's occupation
N/A

Amount of Expenditure
$ 1250000

Date of expenditure
02/03/2020

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
Aggregate Below Threshold
180 West State Street
Trenton, NJ 08607

Name of recipient's employer
N/A

Recipients's occupation
N/A

Amount of Expenditure
$ 275

Date of expenditure
02/25/2020

Purpose of expenditure
Aggregate Below Threshold

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here	Shelly Moskwa	04/15/2020
	Signature of authorized official	Date

Form **8872**
(November 2002)
Department of the Treasury
Internal Revenue Service

Political Organization Report of Contributions and Expenditures

► See separate instructions.

OMB No. 1545-1696

A For the period beginning 07/01/2019 **and ending** 12/31/2019

B Check applicable box: ✔ Initial report ___ Change of address ___ Amended report ___ Final report

1 Name of organization
Garden State Forward

Employer identification number
46 - 2383979

2 Mailing address (P.O. box or number, street, and room or suite number)
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

3 E-mail address of organization:
gardenstatefwd@gmail.com

4 Date organization was formed:
03/27/2013

5a Name of custodian of records
Kristen Butler

5b Custodian's address
180 West State Street
Trenton, NJ 08607

6a Name of contact person
Kristen Butler

6b Contact person's address
1776 Eye Street NW 10th Floor
Washington, DC 20006 -

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

8 Type of report (check only one box)

___ First quarterly report (due by April 15)
___ Second quarterly report (due by July 15)
___ Third quarterly report (due by October 15)
___ Year-end report (due by January 31)
___ Mid-year report (Non-election year only-due by July 31)
✔ Monthly report for the month of: December (due by the 20th day following the month shown above, except the December report, which is due by January 31)
___ Pre-election report (due by the 12th or 15th day before the election)
(1) Type of election:
(2) Date of election:
(3) For the state of:
___ Post-general election report (due by the 30th day after general election)
(1) Date of election:
(2) For the state of:

Schedule A Itemized Contributions

Contributor's name, mailing address and ZIP code	Name of contributor's employer	
New Jersey Education Assocation 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 6362215	**Amount of contribution** $ 960851 **Date of contribution** 08/21/2019
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 6362215	**Amount of contribution** $ 86058 **Date of contribution** 09/20/2019
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 6362215	**Amount of contribution** $ 1045 **Date of contribution** 12/16/2019
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 6362215	**Amount of contribution** $ 1690 **Date of contribution** 09/25/2019
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 6362215	**Amount of contribution** $ 50000 **Date of contribution** 10/01/2019
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 6362215	**Amount of contribution** $ 195831 **Date of contribution** 10/21/2019
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 6362215	**Amount of contribution** $ 198651 **Date of contribution** 09/30/2019
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 6362215	**Amount of contribution** $ 1000000 **Date of contribution** 10/25/2019
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 6362215	**Amount of contribution** $ 50000 **Date of contribution** 09/23/2019

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A

Contributor's occupation
N/A

Aggregate contributions year-to-date
$ 6362215

Amount of contribution
$ 50334

Date of contribution
10/15/2019

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A

Contributor's occupation
N/A

Aggregate contributions year-to-date
$ 6362215

Amount of contribution
$ 17730

Date of contribution
12/02/2019

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A

Contributor's occupation
N/A

Aggregate contributions year-to-date
$ 6362215

Amount of contribution
$ 2750000

Date of contribution
10/01/2019

Schedule B Itemized Expenditures

Recipient's name, mailing address and ZIP code
Utrecht Kleinfeld Fiori Partners
1776 Eye St NW 10th FL
Washington , DC 20006 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 5130
Date of expenditure
07/03/2019

Purpose of expenditure
Legal Consulting

Recipient's name, mailing address and ZIP code
New Jersey United
36 W 44th Street, Suite 707A
New York, NY 10036 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 2750000
Date of expenditure
10/01/2019

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
Utrecht Kleinfeld Fiori Partners
1776 Eye St NW 10th FL
Washington , DC 20006 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 1045
Date of expenditure
12/16/2019

Purpose of expenditure
Legal Consulting

Recipient's name, mailing address and ZIP code
Democratic Governors Assn
1225 Eye St NW, # 1100
Washington , DC 20005 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 50000
Date of expenditure
09/23/2019

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
New Direction New Jersey
399 Bloomfield Ave, Suite 1
Caldwell, NJ 07006 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 1000000
Date of expenditure
10/25/2019

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
Utrecht Kleinfeld Fiori Partners
1776 Eye St NW 10th FL
Washington , DC 20006 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 1690
Date of expenditure
09/25/2019

Purpose of expenditure
Legal Consulting

Recipient's name, mailing address and ZIP code
New Direction New Jersey
611 Pennsylvania Ave SE, Suite 143
Washington , DC 20033 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 1000000
Date of expenditure
08/21/2019

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
Utrecht Kleinfeld Fiori Partners
1776 Eye St NW 10th FL
Washington , DC 20006 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 17730
Date of expenditure
12/02/2019

Purpose of expenditure
Legal Consulting

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here	Shelly R Moskwa	01/31/2020
	Signature of authorized official	Date

Form **8872**
(November 2002)
Department of the Treasury
Internal Revenue Service

Political Organization Report of Contributions and Expenditures

► See separate instructions.

OMB No. 1545-1696

A For the period beginning 01/01/2019 **and ending** 06/30/2019

B Check applicable box: ✔ Initial report ___ Change of address ___ Amended report ___ Final report

1 Name of organization
Garden State Forward

Employer identification number
46 - 2383979

2 Mailing address (P.O. box or number, street, and room or suite number)
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

3 E-mail address of organization:
gardenstatefwd@gmail.com

4 Date organization was formed:
03/27/2013

5a Name of custodian of records
Kristen Butler

5b Custodian's address
1776 EYE Street NW 10th Floor
Washington, DC 20006 -

6a Name of contact person
Kristen Butler

6b Contact person's address
1776 Eye Street NW 10th Floor
Washington, DC 20006 -

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

8 Type of report (check only one box)

___ First quarterly report (due by April 15)
___ Second quarterly report (due by July 15)
___ Third quarterly report (due by October 15)
___ Year-end report (due by January 31)
✔ Mid-year report (Non-election year only-due by July 31)
___ Monthly report for the month of: (due by the 20th day following the month shown above, except the December report, which is due by January 31)
___ Pre-election report (due by the 12th or 15th day before the election)
(1) Type of election:
(2) Date of election:
(3) For the state of:
___ Post-general election report (due by the 30th day after general election)
(1) Date of election:
(2) For the state of:

Schedule A Itemized Contributions

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 1000025

Amount of contribution
$ 25
Date of contribution
05/15/2019

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 1000025

Amount of contribution
$ 1000000
Date of contribution
04/15/2019

Schedule B Itemized Expenditures

Recipient's name, mailing address and ZIP code
New Direction New Jersey
611 Pennsylvania Ave SE
Washington, DC 20003 -

Name of recipient's employer
N/A

Recipients's occupation
N/A

Amount of Expenditure
$ 1000000

Date of expenditure
04/15/2019

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
Aggregate Below Threshold
180 West State Street
Trenton, NJ 08607

Name of recipient's employer
N/A

Recipients's occupation
N/A

Amount of Expenditure
$ 25

Date of expenditure
06/30/2019

Purpose of expenditure
Aggregate Below Threshold

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here	Shelly Moskwa	07/30/2019
	Signature of authorized official	Date

Form **8872**
(November 2002)
Department of the Treasury
Internal Revenue Service

Political Organization Report of Contributions and Expenditures

► See separate instructions.

OMB No. 1545-1696

A For the period beginning 11/27/2018 **and ending** 12/31/2018

B Check applicable box: ✔ Initial report ___ Change of address ___ Amended report ___ Final report

1 Name of organization
Garden State Forward

Employer identification number
46 - 2383979

2 Mailing address (P.O. box or number, street, and room or suite number)
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

3 E-mail address of organization:
gardenstatefwd@gmail.com

4 Date organization was formed:
03/27/2013

5a Name of custodian of records
Kristen Butler

5b Custodian's address
1776 EYE Street NW 10th Floor
Washington, DC 20006 -

6a Name of contact person
Kristen Butler

6b Contact person's address
1776 Eye Street NW 10th Floor
Washington, DC 20006 -

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

8 Type of report (check only one box)

___ First quarterly report (due by April 15)
___ Second quarterly report (due by July 15)
___ Third quarterly report (due by October 15)
✔ Year-end report (due by January 31)
___ Mid-year report (Non-election year only-due by July 31)
___ Monthly report for the month of: (due by the 20th day following the month shown above, except the December report, which is due by January 31)
___ Pre-election report (due by the 12th or 15th day before the election)
(1) Type of election:
(2) Date of election:
(3) For the state of:
___ Post-general election report (due by the 30th day after general election)
(1) Date of election:
(2) For the state of:

Schedule A Itemized Contributions

Contributor's name, mailing address and ZIP code
NJEA
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A

Contributor's occupation
N/A

Aggregate contributions year-to-date
$ 3265360

Amount of contribution
$ 4213

Date of contribution
11/27/2018

Contributor's name, mailing address and ZIP code
NJEA
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A

Contributor's occupation
N/A

Aggregate contributions year-to-date
$ 3265360

Amount of contribution
$ 50750

Date of contribution
12/19/2018

Schedule B Itemized Expenditures

Recipient's name, mailing address and ZIP code
NEA Fund for Children and Public Education
1201 16th St NW #418
Washington, DC 20036 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 50000
Date of expenditure
12/20/2018

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
Utrecht Kleinfeld Fiori Partners
1776 Eye Street NW 10th Floor
Washington, DC 20036 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 4213
Date of expenditure
11/27/2018

Purpose of expenditure
Legal Consulting

Recipient's name, mailing address and ZIP code
Utrecht Kleinfeld Fiori Partners
1776 Eye Street NW 10th Floor
Washington, DC 20036 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 750
Date of expenditure
12/19/2018

Purpose of expenditure
Legal Consulting

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here	Shelly R Moskwa	01/30/2019
	Signature of authorized official	Date

Form **8872**
(November 2002)
Department of the Treasury
Internal Revenue Service

Political Organization Report of Contributions and Expenditures

► See separate instructions.

OMB No. 1545-1696

A For the period beginning 10/18/2018 **and ending** 11/26/2018

B Check applicable box: ✔ Initial report ___ Change of address ___ Amended report ___ Final report

1 Name of organization
Garden State Forward

Employer identification number
46 - 2383979

2 Mailing address (P.O. box or number, street, and room or suite number)
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

3 E-mail address of organization:
gardenstatefwd@gmail.com

4 Date organization was formed:
03/27/2013

5a Name of custodian of records
Kristen Butler

5b Custodian's address
1776 EYE Street NW 10th Floor
Washington, DC 20006 -

6a Name of contact person
Kristen Butler

6b Contact person's address
1776 Eye Street NW 10th Floor
Washington, DC 20006 -

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

8 Type of report (check only one box)

___ First quarterly report (due by April 15)
___ Second quarterly report (due by July 15)
___ Third quarterly report (due by October 15)
___ Year-end report (due by January 31)
___ Mid-year report (Non-election year only-due by July 31)
___ Monthly report for the month of: (due by the 20th day following the month shown above, except the December report, which is due by January 31)
___ Pre-election report (due by the 12th or 15th day before the election)
(1) Type of election:
(2) Date of election:
(3) For the state of:
✔ Post-general election report (due by the 30th day after general election)
(1) Date of election: 11/06/2018
(2) For the state of: NJ

Schedule A Itemized Contributions

Contributor's name, mailing address and ZIP code	Name of contributor's employer	
NJEA 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 3214611	**Amount of contribution** $ 609160 **Date of contribution** 10/31/2018
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
NJEA 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 3214611	**Amount of contribution** $ 32956 **Date of contribution** 11/13/2018
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
NJEA 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 3214611	**Amount of contribution** $ 4213 **Date of contribution** 11/26/2018
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
NJEA 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 3214611	**Amount of contribution** $ 28386 **Date of contribution** 11/16/2018
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
NJEA 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 3214611	**Amount of contribution** $ 16504 **Date of contribution** 10/24/2018
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
NJEA 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 3214611	**Amount of contribution** $ 2730 **Date of contribution** 11/05/2018
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
NJEA 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 3214611	**Amount of contribution** $ 49991 **Date of contribution** 10/19/2018
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
NJEA 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 3214611	**Amount of contribution** $ 13277 **Date of contribution** 10/26/2018

Schedule B Itemized Expenditures

Recipient's name, mailing address and ZIP code
New Direction New Jersey
60 Columbia Rd, BldgB #230
Morristown, NJ 07960 -

Name of recipient's employer
N/A

Recipients's occupation
N/A

Amount of Expenditure
$ 500000

Date of expenditure
10/31/2018

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
Utrecht Kleinfeld Fiori Partners
1776 Eye Street NW 10th Floor
Washington, DC 20006 -

Name of recipient's employer
N/A

Recipients's occupation
N/A

Amount of Expenditure
$ 4213

Date of expenditure
11/26/2018

Purpose of expenditure
Legal Consulting

Recipient's name, mailing address and ZIP code
Utrecht Kleinfeld Fiori Partners
1776 Eye Street NW 10th Floor
Washington , DC 20006 -

Name of recipient's employer
N/A

Recipients's occupation
N/A

Amount of Expenditure
$ 1925

Date of expenditure
10/26/2018

Purpose of expenditure
Legal Consulting

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here	Shelly R. Moskwa	12/06/2018
	Signature of authorized official	Date

Form **8872**
(November 2002)
Department of the Treasury
Internal Revenue Service

Political Organization Report of Contributions and Expenditures

► See separate instructions.

OMB No. 1545-1696

A For the period beginning 10/01/2018 **and ending** 10/17/2018

B Check applicable box: ✔ Initial report ___ Change of address ___ Amended report ___ Final report

1 Name of organization
Garden State Forward

Employer identification number
46 - 2383979

2 Mailing address (P.O. box or number, street, and room or suite number)
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

3 E-mail address of organization:
gardenstatefwd@gmail.com

4 Date organization was formed:
03/27/2013

5a Name of custodian of records
Kristen Butler

5b Custodian's address
1776 EYE Street NW 10th Floor
Washington, DC 20006 -

6a Name of contact person
Kristen Butler

6b Contact person's address
1776 Eye Street NW 10th Floor
Washington, DC 20006 -

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

8 Type of report (check only one box)

___ First quarterly report (due by April 15)
___ Second quarterly report (due by July 15)
___ Third quarterly report (due by October 15)
___ Year-end report (due by January 31)
___ Mid-year report (Non-election year only-due by July 31)
___ Monthly report for the month of: (due by the 20th day following the month shown above, except the December report, which is due by January 31)
✔ Pre-election report (due by the 12th or 15th day before the election)
(1) Type of election: general
(2) Date of election: 11/06/2018
(3) For the state of: NJ
___ Post-general election report (due by the 30th day after general election)
(1) Date of election:
(2) For the state of:

Schedule A Itemized Contributions

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/a
Aggregate contributions year-to-date
$ 2457394

Amount of contribution
$ 57366
Date of contribution
10/10/2018

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 2457394

Amount of contribution
$ 25420
Date of contribution
10/16/2018

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 2457394

Amount of contribution
$ 30000
Date of contribution
10/11/2018

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 2457394

Amount of contribution
$ 43508
Date of contribution
10/02/2018

Schedule B **Itemized Expenditures** Schedule B

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here	Shelly Moskwa	10/25/2018
	Signature of authorized official	Date

Form **8872**
(November 2002)
Department of the Treasury
Internal Revenue Service

Political Organization Report of Contributions and Expenditures

► See separate instructions.

OMB No. 1545-1696

A For the period beginning 07/01/2018 **and ending** 09/30/2018

B Check applicable box: ✔ Initial report ___ Change of address ___ Amended report ___ Final report

1 Name of organization
Garden State Forward

Employer identification number
46 - 2383979

2 Mailing address (P.O. box or number, street, and room or suite number)
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

3 E-mail address of organization:
gardenstatefwd@gmail.com

4 Date organization was formed:
03/27/2013

5a Name of custodian of records
Kristen Butler

5b Custodian's address
1776 EYE Street NW 10th Floor
Washington, DC 20006 -

6a Name of contact person
Kristen Butler

6b Contact person's address
1776 Eye Street NW 10th Floor
Washington, DC 20006 -

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

8 Type of report (check only one box)

___ First quarterly report (due by April 15)
___ Second quarterly report (due by July 15)
✔ Third quarterly report (due by October 15)
___ Year-end report (due by January 31)
___ Mid-year report (Non-election year only-due by July 31)
___ Monthly report for the month of: (due by the 20th day following the month shown above, except the December report, which is due by January 31)
___ Pre-election report (due by the 12th or 15th day before the election)
(1) Type of election:
(2) Date of election:
(3) For the state of:
___ Post-general election report (due by the 30th day after general election)
(1) Date of election:
(2) For the state of:

Schedule A Itemized Contributions

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 2301100

Amount of contribution
$ 925
Date of contribution
07/02/2018

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 2301100

Amount of contribution
$ 500000
Date of contribution
09/04/2018

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 2301100

Amount of contribution
$ 25
Date of contribution
08/27/2018

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 2301100

Amount of contribution
$ 150000
Date of contribution
09/09/2018

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 2301100

Amount of contribution
$ 75000
Date of contribution
09/25/2018

Schedule B Itemized Expenditures

Recipient's name, mailing address and ZIP code
Democratic Governors Association
1225 Eye St. NW Suite 1100
Washington , DC 20036 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 75000
Date of expenditure
09/25/2018

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
Committee to Build the Economy
60 Roseland Ave
Caldwell, NJ 07006 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 150000
Date of expenditure
09/09/2018

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
Aggregate Below Threshold
180 West State Street
Trenton, NJ 08607

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 25
Date of expenditure
09/30/2018

Purpose of expenditure
Aggregate Below Threshold

Recipient's name, mailing address and ZIP code
Utrecht Kleinfeld Fiori Partners
1776 Eye Street NW 10th Floor
Washington, DC 20006 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 925
Date of expenditure
07/02/2018

Purpose of expenditure
Legal Consulting

Recipient's name, mailing address and ZIP code
New Direction New Jersey
60 Columbia Rd, Bldg B Number 230
Morristown, NJ 07960 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 500000
Date of expenditure
09/04/2018

Purpose of expenditure
Contribution

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here	Shelly R. Moskwa Signature of authorized official	10/15/2018 Date

Form **8872**
(November 2002)
Department of the Treasury
Internal Revenue Service

Political Organization Report of Contributions and Expenditures

► See separate instructions.

OMB No. 1545-1696

A For the period beginning 04/01/2018 **and ending** 06/30/2018

B Check applicable box: ✔ Initial report ___ Change of address ___ Amended report ___ Final report

1 Name of organization
Garden State Forward

Employer identification number
46 - 2383979

2 Mailing address (P.O. box or number, street, and room or suite number)
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

3 E-mail address of organization:
gardenstatefwd@gmail.com

4 Date organization was formed:
03/27/2013

5a Name of custodian of records
Kristen Butler

5b Custodian's address
1776 EYE Street NW 10th Floor
Washington, DC 20006 -

6a Name of contact person
Kristen Butler

6b Contact person's address
1776 Eye Street NW 10th Floor
Washington, DC 20006 -

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

8 Type of report (check only one box)

___ First quarterly report (due by April 15)
✔ Second quarterly report (due by July 15)
___ Third quarterly report (due by October 15)
___ Year-end report (due by January 31)
___ Mid-year report (Non-election year only-due by July 31)
___ Monthly report for the month of: (due by the 20th day following the month shown above, except the December report, which is due by January 31)
___ Pre-election report (due by the 12th or 15th day before the election)
(1) Type of election:
(2) Date of election:
(3) For the state of:
___ Post-general election report (due by the 30th day after general election)
(1) Date of election:
(2) For the state of:

Schedule A Itemized Contributions

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 1575150

Amount of contribution
$ 150
Date of contribution
05/11/2018

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 1575150

Amount of contribution
$ 75000
Date of contribution
04/18/2018

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 1575150

Amount of contribution
$ 500000
Date of contribution
06/08/2018

Schedule B Itemized Expenditures

Recipient's name, mailing address and ZIP code
Utrecht Kleinfeld Fiori Partners
1776 Eye St NW 10th Floor
Washington, DC 20006 -

Name of recipient's employer
N/A

Recipients's occupation
N/A

Amount of Expenditure
$ 150

Date of expenditure
05/11/2018

Purpose of expenditure
Legal Consulting

Recipient's name, mailing address and ZIP code
Progressive Values Committtee
40 Avenue B, Bayonne NJ
Bayonne, NJ 07002 -

Name of recipient's employer
N/A

Recipients's occupation
N/A

Amount of Expenditure
$ 75000

Date of expenditure
04/18/2018

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
New Direction New Jersey
60 Columbia Rd, Bldg B Number 230
Morristown, NJ 07960 -

Name of recipient's employer
N/A

Recipients's occupation
N/A

Amount of Expenditure
$ 500000

Date of expenditure
06/08/2018

Purpose of expenditure
Contribution

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here	Shelly R Moskwa Signature of authorized official	07/15/2018 Date

Form **8872**
(November 2002)
Department of the Treasury
Internal Revenue Service

Political Organization Report of Contributions and Expenditures

► See separate instructions.

OMB No. 1545-1696

A For the period beginning 01/01/2018 **and ending** 03/31/2018

B Check applicable box: ✔ Initial report ☐ Change of address ☐ Amended report ☐ Final report

1 Name of organization
Garden State Forward

Employer identification number
46 - 2383979

2 Mailing address (P.O. box or number, street, and room or suite number)
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

3 E-mail address of organization:
gardenstatefwd@gmail.com

4 Date organization was formed:
03/27/2013

5a Name of custodian of records
Kristen Butler

5b Custodian's address
1776 EYE Street NW 10th Floor
Washington, DC 20006 -

6a Name of contact person
Kristen Butler

6b Contact person's address
1776 Eye Street NW 10th Floor
Washington, DC 20006 -

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

8 Type of report (check only one box)

✔ First quarterly report (due by April 15)
☐ Second quarterly report (due by July 15)
☐ Third quarterly report (due by October 15)
☐ Year-end report (due by January 31)
☐ Mid-year report (Non-election year only-due by July 31)
☐ Monthly report for the month of: (due by the 20th day following the month shown above, except the December report, which is due by January 31)
☐ Pre-election report (due by the 12th or 15th day before the election)
(1) Type of election:
(2) Date of election:
(3) For the state of:
☐ Post-general election report (due by the 30th day after general election)
(1) Date of election:
(2) For the state of:

Schedule A Itemized Contributions

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A

Contributor's occupation
N/A

Aggregate contributions year-to-date
$ 1000000

Amount of contribution
$ 1000000

Date of contribution
03/19/2018

Schedule B Itemized Expenditures

Recipient's name, mailing address and ZIP code
New Direction New Jersey
60 Columbia Rd, Bldg B Suite 230
Morristown, NJ 07960 -

Name of recipient's employer
N/A

Recipients's occupation
N/A

Amount of Expenditure
$ 1000000

Date of expenditure
03/20/2018

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
Utrecht Kleinfeld Fiori Partners
1776 Eye Street NW, 10th Floor
Washington, DC 20006 -

Name of recipient's employer
N/A

Recipients's occupation
N/A

Amount of Expenditure
$ 300

Date of expenditure
03/06/2018

Purpose of expenditure
Consulting/Legal

Recipient's name, mailing address and ZIP code
Utrecht Kleinfeld Fiori Partners
1776 Eye St NW, 10th Floor
Washington, DC 20006 -

Name of recipient's employer
N/A

Recipients's occupation
N/A

Amount of Expenditure
$ 833

Date of expenditure
02/27/2018

Purpose of expenditure
Consulting/Legal

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here	Shelly R. Moskwa	04/16/2018
	Signature of authorized official	Date

Form **8872**
(November 2002)
Department of the Treasury
Internal Revenue Service

Political Organization Report of Contributions and Expenditures

► See separate instructions.

OMB No. 1545-1696

A For the period beginning 07/01/2017 **and ending** 12/31/2017

B Check applicable box: ✔ Initial report ☐ Change of address ☐ Amended report ☐ Final report

1 Name of organization
Garden State Forward

Employer identification number
46 - 2383979

2 Mailing address (P.O. box or number, street, and room or suite number)
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

3 E-mail address of organization:
gardenstatefwd@gmail.com

4 Date organization was formed:
03/27/2013

5a Name of custodian of records
Kristen Butler

5b Custodian's address
1776 EYE Street NW 10th Floor
Washington, DC 20006 -

6a Name of contact person
Kristen Butler

6b Contact person's address
1776 Eye Street NW 10th Floor
Washington, DC 20006 -

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

8 Type of report (check only one box)

- ☐ First quarterly report (due by April 15)
- ☐ Second quarterly report (due by July 15)
- ☐ Third quarterly report (due by October 15)
- ✔ Year-end report (due by January 31)
- ☐ Mid-year report (Non-election year only-due by July 31)
- ☐ Monthly report for the month of: (due by the 20th day following the month shown above, except the December report, which is due by January 31)
- ☐ Pre-election report (due by the 12th or 15th day before the election)
  (1) Type of election:
  (2) Date of election:
  (3) For the state of:
- ☐ Post-general election report (due by the 30th day after general election)
  (1) Date of election:
  (2) For the state of:

Schedule A Itemized Contributions

Contributor's name, mailing address and ZIP code	Name of contributor's employer	
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 10472676	**Amount of contribution** $ 114712 **Date of contribution** 09/14/2017
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 10472676	**Amount of contribution** $ 488357 **Date of contribution** 09/26/2017
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 10472676	**Amount of contribution** $ 130780 **Date of contribution** 07/28/2017
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 10472676	**Amount of contribution** $ 356100 **Date of contribution** 08/31/2017
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 10472676	**Amount of contribution** $ 25774 **Date of contribution** 10/26/2017
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 10472676	**Amount of contribution** $ 238413 **Date of contribution** 11/01/2017
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 10472676	**Amount of contribution** $ 250000 **Date of contribution** 10/10/2017
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 10472676	**Amount of contribution** $ 86923 **Date of contribution** 07/27/2017
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 10472676	**Amount of contribution** $ 71126 **Date of contribution** 07/13/2017

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 10472676

Amount of contribution
$ 287100
Date of contribution
07/03/2017

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 10472676

Amount of contribution
$ 787619
Date of contribution
10/06/2017

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 10472676

Amount of contribution
$ 79437
Date of contribution
11/14/2017

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 10472676

Amount of contribution
$ 27556
Date of contribution
11/22/2017

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 10472676

Amount of contribution
$ 109059
Date of contribution
10/20/2017

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 10472676

Amount of contribution
$ 1123794
Date of contribution
08/25/2017

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 10472676

Amount of contribution
$ 156124
Date of contribution
07/24/2017

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 10472676

Amount of contribution
$ 576829
Date of contribution
08/04/2017

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 10472676

Amount of contribution
$ 247437
Date of contribution
10/17/2017

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 10472676

Amount of contribution
$ 22348
Date of contribution
10/13/2017

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 10472676

Amount of contribution
$ 26168
Date of contribution
10/24/2017

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 10472676

Amount of contribution
$ 159518
Date of contribution
10/02/2017

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 10472676

Amount of contribution
$ 2127918
Date of contribution
10/10/2017

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 10472676

Amount of contribution
$ 242081
Date of contribution
09/25/2017

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 10472676

Amount of contribution
$ 1000000
Date of contribution
08/30/2017

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 10472676

Amount of contribution
$ 104936
Date of contribution
11/03/2017

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 10472676

Amount of contribution
$ 394031
Date of contribution
10/18/2017

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 10472676

Amount of contribution
$ 106280
Date of contribution
11/02/2017

Schedule B Itemized Expenditures

Recipient's name, mailing address and ZIP code
Aggregate Below Threshold
180 West State Street
Trenton, NJ 08607

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 25
Date of expenditure
12/31/2017

Purpose of expenditure
Aggregate Below Threshold

Recipient's name, mailing address and ZIP code
Utrecht Kleinfeld Fiori Partners
1776 Eye Street NW 10th Floor
Washington, DC 20006 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 17498
Date of expenditure
10/02/2017

Purpose of expenditure
Legal Consulting

Recipient's name, mailing address and ZIP code
United Consumers Group
50 Park Place #1539
Newark, NJ 07102 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 114713
Date of expenditure
09/14/2017

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
Utrecht Kleinfeld Fiori Partners
1776 Eye St NW 10th Floor
Washington, DC 20006 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 23758
Date of expenditure
12/22/2017

Purpose of expenditure
Legal Consulting

Recipient's name, mailing address and ZIP code
Organizing Montross Group Inc
2101 L Street NW
Washington, DC 20037 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 155535
Date of expenditure
10/10/2017

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
Utrecht Kleinfeld Fiori Partners
1776 Eye Street NW 10th Floor
Washington, DC 20006 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 16139
Date of expenditure
07/28/2017

Purpose of expenditure
Legal Consulting

Recipient's name, mailing address and ZIP code
Committee to Build the Economy
60 Roseland Ave
Caldwell, NJ 07006 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 1000000
Date of expenditure
08/30/2017

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
Progressive Values Cmte
40 Avenue B
Bayonne, NJ 07002 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 250000
Date of expenditure
10/11/2017

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
Utrecht Kleinfeld Fiori Partners
1776 Eye Street NW 10th Floor
Washington, DC 20006 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 19148
Date of expenditure
11/03/2017

Purpose of expenditure
Legal Consulting

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here	Shelly R. Moskwa	01/31/2018
	Signature of authorized official	Date

Form **8872**
(November 2002)
Department of the Treasury
Internal Revenue Service

Political Organization Report of Contributions and Expenditures

► See separate instructions.

OMB No. 1545-1696

A For the period beginning 01/01/2017 **and ending** 06/30/2017

B Check applicable box: ✔ Initial report ☐ Change of address ☐ Amended report ☐ Final report

1 Name of organization
Garden State Forward

Employer identification number
46 - 2383979

2 Mailing address (P.O. box or number, street, and room or suite number)
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

3 E-mail address of organization:
gardenstatefwd@gmail.com

4 Date organization was formed:
03/27/2013

5a Name of custodian of records
Timothy McGuckin

5b Custodian's address
1900 M Street NW #500
Washington, DC 20036 -

6a Name of contact person
Timothy McGuckin

6b Contact person's address
1900 M Street NW, #500
Washington, DC 20036 -

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

8 Type of report (check only one box)

- ☐ First quarterly report (due by April 15)
- ☐ Second quarterly report (due by July 15)
- ☐ Third quarterly report (due by October 15)
- ☐ Year-end report (due by January 31)
- ✔ Mid-year report (Non-election year only-due by July 31)
- ☐ Monthly report for the month of: (due by the 20th day following the month shown above, except the December report, which is due by January 31)
- ☐ Pre-election report (due by the 12th or 15th day before the election)
  (1) Type of election:
  (2) Date of election:
  (3) For the state of:
- ☐ Post-general election report (due by the 30th day after general election)
  (1) Date of election:
  (2) For the state of:

Schedule A Itemized Contributions

Contributor's name, mailing address and ZIP code	Name of contributor's employer	
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 1132256	**Amount of contribution** $ 215300 **Date of contribution** 06/09/2017
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 1132256	**Amount of contribution** $ 2287 **Date of contribution** 02/28/2017
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 1132256	**Amount of contribution** $ 225000 **Date of contribution** 05/03/2017
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 1132256	**Amount of contribution** $ 12900 **Date of contribution** 06/22/2017
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 1132256	**Amount of contribution** $ 7846 **Date of contribution** 06/16/2017
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 1132256	**Amount of contribution** $ 94400 **Date of contribution** 05/15/2017
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 1132256	**Amount of contribution** $ 500000 **Date of contribution** 05/26/2017
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 1132256	**Amount of contribution** $ 74523 **Date of contribution** 05/26/2017

Schedule B Itemized Expenditures

Recipient's name, mailing address and ZIP code
VR Research
510 16th Street #520
Oakland, CA 94612 -

Name of recipient's employer
N/A

Recipients's occupation
N/A

Amount of Expenditure
$ 10800

Date of expenditure
06/09/2017

Purpose of expenditure
Research

Recipient's name, mailing address and ZIP code
Utrecht Kleinfeld Fiori Partners
1900 M Street NW #500
Washington , DC 20036 -

Name of recipient's employer
N/A

Recipients's occupation
N/A

Amount of Expenditure
$ 2287

Date of expenditure
02/27/2017

Purpose of expenditure
Consulting/Legal

Recipient's name, mailing address and ZIP code
VR Research
510 16th Street #520
Oakland, CA 94612 -

Name of recipient's employer
N/A

Recipients's occupation
N/A

Amount of Expenditure
$ 7846

Date of expenditure
06/19/2017

Purpose of expenditure
Research

Recipient's name, mailing address and ZIP code
Committee to Build the Economy
60 Roseland Ave
Caldwell, NJ 07006 -

Name of recipient's employer
N/A

Recipients's occupation
N/A

Amount of Expenditure
$ 500000

Date of expenditure
05/26/2017

Purpose of expenditure
Contribution

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here	Shelly R. Moskwa Signature of authorized official	07/31/2017 Date

Form **8872**
(November 2002)
Department of the Treasury
Internal Revenue Service

Political Organization Report of Contributions and Expenditures

► See separate instructions.

OMB No. 1545-1696

A For the period beginning 11/29/2016 **and ending** 12/31/2016

B Check applicable box: ✔ Initial report ☐ Change of address ☐ Amended report ☐ Final report

1 Name of organization
Garden State Forward

Employer identification number
46 - 2383979

2 Mailing address (P.O. box or number, street, and room or suite number)
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

3 E-mail address of organization:
gardenstatefwd@gmail.com

4 Date organization was formed:
03/27/2013

5a Name of custodian of records
Timothy McGuckin

5b Custodian's address
1900 M Street NW #500
Washington, DC 20036 -

6a Name of contact person
Timothy McGuckin

6b Contact person's address
1900 M Street NW, #500
Washington, DC 20036 -

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

8 Type of report (check only one box)

- ☐ First quarterly report (due by April 15)
- ☐ Second quarterly report (due by July 15)
- ☐ Third quarterly report (due by October 15)
- ✔ Year-end report (due by January 31)
- ☐ Mid-year report (Non-election year only-due by July 31)
- ☐ Monthly report for the month of: (due by the 20th day following the month shown above, except the December report, which is due by January 31)
- ☐ Pre-election report (due by the 12th or 15th day before the election)
  (1) Type of election:
  (2) Date of election:
  (3) For the state of:
- ☐ Post-general election report (due by the 30th day after general election)
  (1) Date of election:
  (2) For the state of:

Schedule A Itemized Contributions

Contributor's name, mailing address and ZIP code
New Jersey Education Associaton
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 211109

Amount of contribution
$ 14218
Date of contribution
12/21/2016

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 211109

Amount of contribution
$ 13831
Date of contribution
12/07/2016

Schedule B Itemized Expenditures

Recipient's name, mailing address and ZIP code
Utrecht Kleinfeld Fiori Partners
1900 M Street NW #500
Washington, DC 20036 -

Name of recipient's employer
N/A

Recipients's occupation
N/A

Amount of Expenditure
$ 13831

Date of expenditure
12/02/2016

Purpose of expenditure
Consulting/Legal

Recipient's name, mailing address and ZIP code
Utrecht Kleinfeld Fiori Partners
1900 M Street NW #500
Washington, DC 20036 -

Name of recipient's employer
N/A

Recipients's occupation
N/A

Amount of Expenditure
$ 7445

Date of expenditure
12/20/2016

Purpose of expenditure
Consulting/Legal

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here	Shelly R. Moskwa	01/30/2017
	Signature of authorized official	Date

Form **8872**
(November 2002)
Department of the Treasury
Internal Revenue Service

Political Organization Report of Contributions and Expenditures

► See separate instructions.

OMB No. 1545-1696

A For the period beginning 10/21/2016 **and ending** 11/28/2016

B Check applicable box: ✔ Initial report ___ Change of address ___ Amended report ___ Final report

1 Name of organization
Garden State Forward

Employer identification number
46 - 2383979

2 Mailing address (P.O. box or number, street, and room or suite number)
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

3 E-mail address of organization:
gardenstatefwd@gmail.com

4 Date organization was formed:
03/27/2013

5a Name of custodian of records
Timothy McGuckin

5b Custodian's address
1900 M Street NW #500
Washington, DC 20036 -

6a Name of contact person
Timothy McGuckin

6b Contact person's address
1900 M Street NW, #500
Washington, DC 20036 -

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

8 Type of report (check only one box)

___ First quarterly report (due by April 15)
___ Second quarterly report (due by July 15)
___ Third quarterly report (due by October 15)
___ Year-end report (due by January 31)
___ Mid-year report (Non-election year only-due by July 31)
___ Monthly report for the month of: (due by the 20th day following the month shown above, except the December report, which is due by January 31)
___ Pre-election report (due by the 12th or 15th day before the election)
(1) Type of election:
(2) Date of election:
(3) For the state of:
✔ Post-general election report (due by the 30th day after general election)
(1) Date of election: 11/08/2016
(2) For the state of: NJ

Schedule A **Itemized Contributions** Schedule A

Schedule B **Itemized Expenditures** Schedule B

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here	Shelly R. Moskwa	12/07/2016
	Signature of authorized official	Date

Form **8872**
(November 2002)
Department of the Treasury
Internal Revenue Service

Political Organization Report of Contributions and Expenditures

► See separate instructions.

OMB No. 1545-1696

A For the period beginning 10/01/2016 **and ending** 10/19/2016

B Check applicable box: ✔ Initial report ___ Change of address ___ Amended report ___ Final report

1 Name of organization
Garden State Forward

Employer identification number
46 - 2383979

2 Mailing address (P.O. box or number, street, and room or suite number)
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

3 E-mail address of organization:
gardenstatefwd@gmail.com

4 Date organization was formed:
03/27/2013

5a Name of custodian of records
Timothy McGuckin

5b Custodian's address
1900 M Street NW #500
Washington, DC 20036 -

6a Name of contact person
Timothy McGuckin

6b Contact person's address
1900 M Street NW, #500
Washington, DC 20036 -

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

8 Type of report (check only one box)

___ First quarterly report (due by April 15)
___ Second quarterly report (due by July 15)
___ Third quarterly report (due by October 15)
___ Year-end report (due by January 31)
___ Mid-year report (Non-election year only-due by July 31)
___ Monthly report for the month of: (due by the 20th day following the month shown above, except the December report, which is due by January 31)
✔ Pre-election report (due by the 12th or 15th day before the election)
(1) Type of election: general
(2) Date of election: 11/08/2016
(3) For the state of: NJ
___ Post-general election report (due by the 30th day after general election)
(1) Date of election:
(2) For the state of:

Schedule A **Itemized Contributions** Schedule A

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A

Contributor's occupation
N/A

Aggregate contributions year-to-date
$ 183061

Amount of contribution
$ 158855

Date of contribution
10/06/2016

Schedule B **Itemized Expenditures** Schedule B

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here	Shelly R. Moskwa	10/27/2016
	Signature of authorized official	Date

Form **8872**
(November 2002)
Department of the Treasury
Internal Revenue Service

Political Organization Report of Contributions and Expenditures

► See separate instructions.

OMB No. 1545-1696

A For the period beginning 07/01/2016 **and ending** 09/30/2016

B Check applicable box: ✔ Initial report ☐ Change of address ☐ Amended report ☐ Final report

1 Name of organization
Garden State Forward

Employer identification number
46 - 2383979

2 Mailing address (P.O. box or number, street, and room or suite number)
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

3 E-mail address of organization:
gardenstatefwd@gmail.com

4 Date organization was formed:
03/27/2013

5a Name of custodian of records
Timothy McGuckin

5b Custodian's address
1900 M Street NW #500
Washington, DC 20036 -

6a Name of contact person
Timothy McGuckin

6b Contact person's address
1900 M Street NW, #500
Washington, DC 20036 -

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

8 Type of report (check only one box)

- ☐ First quarterly report (due by April 15)
- ☐ Second quarterly report (due by July 15)
- ✔ Third quarterly report (due by October 15)
- ☐ Year-end report (due by January 31)
- ☐ Mid-year report (Non-election year only-due by July 31)
- ☐ Monthly report for the month of: (due by the 20th day following the month shown above, except the December report, which is due by January 31)
- ☐ Pre-election report (due by the 12th or 15th day before the election)
  (1) Type of election:
  (2) Date of election:
  (3) For the state of:
- ☐ Post-general election report (due by the 30th day after general election)
  (1) Date of election:
  (2) For the state of:

Schedule A **Itemized Contributions** Schedule A

Schedule B **Itemized Expenditures** Schedule B

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here	Shelly R. Moskwa	10/14/2016
	Signature of authorized official	Date

Form **8872**
(November 2002)
Department of the Treasury
Internal Revenue Service

Political Organization Report of Contributions and Expenditures

► See separate instructions.

OMB No. 1545-1696

A For the period beginning 04/01/2016 **and ending** 06/30/2016

B Check applicable box: ✔ Initial report ___ Change of address ___ Amended report ___ Final report

1 Name of organization
Garden State Forward

Employer identification number
46 - 2383979

2 Mailing address (P.O. box or number, street, and room or suite number)
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

3 E-mail address of organization:
gardenstatefwd@gmail.com

4 Date organization was formed:
03/27/2013

5a Name of custodian of records
Timothy McGuckin

5b Custodian's address
1900 M Street NW #500
Washington, DC 20036 -

6a Name of contact person
Timothy McGuckin

6b Contact person's address
1900 M Street NW, #500
Washington, DC 20036 -

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

8 Type of report (check only one box)

___ First quarterly report (due by April 15)
✔ Second quarterly report (due by July 15)
___ Third quarterly report (due by October 15)
___ Year-end report (due by January 31)
___ Mid-year report (Non-election year only-due by July 31)
___ Monthly report for the month of: (due by the 20th day following the month shown above, except the December report, which is due by January 31)
___ Pre-election report (due by the 12th or 15th day before the election)
(1) Type of election:
(2) Date of election:
(3) For the state of:
___ Post-general election report (due by the 30th day after general election)
(1) Date of election:
(2) For the state of:

Schedule A Itemized Contributions

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A

Contributor's occupation
N/A

Aggregate contributions year-to-date
$ 24205

Amount of contribution
$ 24205

Date of contribution
06/08/2016

Schedule B Itemized Expenditures

Recipient's name, mailing address and ZIP code
New Jersey Working Families Alliance
30 Clinton St. 3rd Floor
Newark, NJ 07102 -

Name of recipient's employer
N/A

Recipients's occupation
N/A

Amount of Expenditure
$ 15620

Date of expenditure
06/08/2016

Purpose of expenditure
Contribution

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here	Shelly R. Moskwa Signature of authorized official	07/15/2016 Date

Form **8872**
(November 2002)
Department of the Treasury
Internal Revenue Service

Political Organization Report of Contributions and Expenditures

► See separate instructions.

OMB No. 1545-1696

A For the period beginning 01/01/2016 **and ending** 03/31/2016

B Check applicable box: ✔ Initial report ☐ Change of address ☐ Amended report ☐ Final report

1 Name of organization
Garden State Forward

Employer identification number
46 - 2383979

2 Mailing address (P.O. box or number, street, and room or suite number)
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

3 E-mail address of organization:
gardenstatefwd@gmail.com

4 Date organization was formed:
03/27/2013

5a Name of custodian of records
Timothy McGuckin

5b Custodian's address
1900 M Street NW #500
Washington, DC 20036 -

6a Name of contact person
Timothy McGuckin

6b Contact person's address
1900 M Street NW, #500
Washington, DC 20036 -

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

8 Type of report (check only one box)

✔ First quarterly report
(due by April 15)
☐ Second quarterly report
(due by July 15)
☐ Third quarterly report
(due by October 15)
☐ Year-end report
(due by January 31)
☐ Mid-year report (Non-election year only-due by July 31)
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(1) Type of election:
(2) Date of election:
(3) For the state of:
☐ Post-general election report (due by the 30th day after general election)
(1) Date of election:
(2) For the state of:

Schedule A **Itemized Contributions** Schedule A

Schedule B **Itemized Expenditures** Schedule B

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here	Shelly Moskwa	05/11/2016
	Signature of authorized official	Date

Form **8872**
(November 2002)
Department of the Treasury
Internal Revenue Service

Political Organization Report of Contributions and Expenditures

► See separate instructions.

OMB No. 1545-1696

A For the period beginning 07/01/2015 **and ending** 12/31/2015

B Check applicable box: ✔ Initial report ☐ Change of address ☐ Amended report ☐ Final report

1 Name of organization
Garden State Forward

Employer identification number
46 - 2383979

2 Mailing address (P.O. box or number, street, and room or suite number)
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

3 E-mail address of organization:
gardenstatefwd@gmail.com

4 Date organization was formed:
03/27/2013

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Timothy McGuckin

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Washington, DC 20036 -

6a Name of contact person
Timothy McGuckin

6b Contact person's address
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Washington, DC 20036 -

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City or town, state, and ZIP code
Trenton, NJ 08607

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- ☐ Second quarterly report (due by July 15)
- ☐ Third quarterly report (due by October 15)
- ✔ Year-end report (due by January 31)
- ☐ Mid-year report (Non-election year only-due by July 31)
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  (2) Date of election:
  (3) For the state of:
- ☐ Post-general election report (due by the 30th day after general election)
  (1) Date of election:
  (2) For the state of:

Schedule A Itemized Contributions

Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution	Date of contribution	Aggregate contributions year-to-date
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A Contributor's occupation N/A	$ 180450	10/09/2015	$ 4013545
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A Contributor's occupation N/A	$ 5313	11/10/2015	$ 4013545
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A Contributor's occupation N/A	$ 140035	11/11/2015	$ 4013545
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A Contributor's occupation N/A	$ 250000	10/27/2015	$ 4013545
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A Contributor's occupation N/A	$ 2499131	09/21/2015	$ 4013545
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A Contributor's occupation N/A	$ 245000	07/13/2015	$ 4013545
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A Contributor's occupation N/A	$ 118224	10/15/2015	$ 4013545
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A Contributor's occupation N/A	$ 15163	11/04/2015	$ 4013545
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A Contributor's occupation N/A	$ 194	10/07/2015	$ 4013545

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A

Contributor's occupation
N/A

Aggregate contributions year-to-date
$ 4013545

Amount of contribution
$ 35

Date of contribution
11/06/2015

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A

Contributor's occupation
N/A

Aggregate contributions year-to-date
$ 4013545

Amount of contribution
$ 500000

Date of contribution
10/26/2015

Schedule B Itemized Expenditures

Recipient's name, mailing address and ZIP code
General Majority PAC
641 S Street NW
Washington, DC 20001 -

Name of recipient's employer
N/A

Recipients's occupation
N/A

Amount of Expenditure
$ 500000

Date of expenditure
10/26/2015

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
General Majority PAC
641 S Street NW
Washington, DC 20001 -

Name of recipient's employer
N/A

Recipients's occupation
N/A

Amount of Expenditure
$ 2500000

Date of expenditure
09/21/2015

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
Aggregate Below Threshold
180 West State Street
Trenton, NJ 08607

Name of recipient's employer
N/A

Recipients's occupation
N/A

Amount of Expenditure
$ 194

Date of expenditure
12/31/2015

Purpose of expenditure
Aggregate Below Threshold

Recipient's name, mailing address and ZIP code
Utrecht Kleinfeld Fiori Partners
1900 M Street NW #500
Washington, DC 20036 -

Name of recipient's employer
N/A

Recipients's occupation
N/A

Amount of Expenditure
$ 5128

Date of expenditure
10/30/2015

Purpose of expenditure
Consulting/Legal

Recipient's name, mailing address and ZIP code
General Majority PAC
641 S Street NW
Washington, DC 20001 -

Name of recipient's employer
N/A

Recipients's occupation
N/A

Amount of Expenditure
$ 250000

Date of expenditure
07/13/2015

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
General Majority PAC
641 S Street NW
Washington, DC 20001 -

Name of recipient's employer
N/A

Recipients's occupation
N/A

Amount of Expenditure
$ 250000

Date of expenditure
10/30/2015

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
General Majority PAC
641 S Street NW
Washngton, DC 20001 -

Name of recipient's employer
N/A

Recipients's occupation
N/A

Amount of Expenditure
$ 118000

Date of expenditure
11/11/2015

Purpose of expenditure
Contribution

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here	Shelly R. Moskwa Signature of authorized official	01/30/2016 Date

Form **8872**
(November 2002)
Department of the Treasury
Internal Revenue Service

Political Organization Report of Contributions and Expenditures

► See separate instructions.

OMB No. 1545-1696

A For the period beginning 01/01/2015 **and ending** 06/30/2015

B Check applicable box: ✔ Initial report ___ Change of address ___ Amended report ___ Final report

1 Name of organization
Garden State Forward

Employer identification number
46 - 2383979

2 Mailing address (P.O. box or number, street, and room or suite number)
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

3 E-mail address of organization:
gardenstatefwd@gmail.com

4 Date organization was formed:
03/27/2013

5a Name of custodian of records
Timothy McGuckin

5b Custodian's address
1900 M Street NW #500
Washington, DC 20036 -

6a Name of contact person
Timothy McGuckin

6b Contact person's address
1900 M Street NW, #500
Washington, DC 20036 -

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

8 Type of report (check only one box)

___ First quarterly report (due by April 15)
___ Second quarterly report (due by July 15)
___ Third quarterly report (due by October 15)
___ Year-end report (due by January 31)
✔ Mid-year report (Non-election year only-due by July 31)
___ Monthly report for the month of: (due by the 20th day following the month shown above, except the December report, which is due by January 31)
___ Pre-election report (due by the 12th or 15th day before the election)
(1) Type of election:
(2) Date of election:
(3) For the state of:
___ Post-general election report (due by the 30th day after general election)
(1) Date of election:
(2) For the state of:

Schedule A Itemized Contributions

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A

Contributor's occupation
N/A

Aggregate contributions year-to-date
$ 60000

Amount of contribution
$ 60000

Date of contribution
01/30/2015

Schedule B Itemized Expenditures

Recipient's name, mailing address and ZIP code
Amicus FTW
16 West 22nd Street
New York, NY 10010 -

Name of recipient's employer
N/A

Recipients's occupation
N/A

Amount of Expenditure
$ 100000

Date of expenditure
01/30/2015

Purpose of expenditure
Software Subscription

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here	Shelly R. Moskwa	07/31/2015
	Signature of authorized official	Date

Form **8872**
(November 2002)
Department of the Treasury
Internal Revenue Service

Political Organization Report of Contributions and Expenditures

► See separate instructions.

OMB No. 1545-1696

A For the period beginning 11/25/2014 **and ending** 12/31/2014

B Check applicable box: ✔ Initial report ___ Change of address ___ Amended report ___ Final report

1 Name of organization
Garden State Forward

Employer identification number
46 - 2383979

2 Mailing address (P.O. box or number, street, and room or suite number)
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

3 E-mail address of organization:
gardenstatefwd@gmail.com

4 Date organization was formed:
03/27/2013

5a Name of custodian of records
Timothy McGuckin

5b Custodian's address
1900 M Street NW #500
Washington, DC 20036 -

6a Name of contact person
Timothy McGuckin

6b Contact person's address
1900 M Street NW, #500
Washington, DC 20036 -

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

8 Type of report (check only one box)

___ First quarterly report (due by April 15)
___ Second quarterly report (due by July 15)
___ Third quarterly report (due by October 15)
✔ Year-end report (due by January 31)
___ Mid-year report (Non-election year only-due by July 31)
___ Monthly report for the month of: (due by the 20th day following the month shown above, except the December report, which is due by January 31)
___ Pre-election report (due by the 12th or 15th day before the election)
(1) Type of election:
(2) Date of election:
(3) For the state of:
___ Post-general election report (due by the 30th day after general election)
(1) Date of election:
(2) For the state of:

Schedule A Itemized Contributions

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 276460

Amount of contribution
$ 78900
Date of contribution
12/01/2014

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 276460

Amount of contribution
$ 46100
Date of contribution
12/22/2014

Schedule B Itemized Expenditures

Recipient's name, mailing address and ZIP code
Utrecht Kleinfeld Fiori Partners
1900 M Street NW #500
Washington, DC 20036 -

Name of recipient's employer
N/A

Recipients's occupation
N/A

Amount of Expenditure
$ 7324

Date of expenditure
11/26/2014

Purpose of expenditure
Consulting/Legal

Recipient's name, mailing address and ZIP code
Amicus FTW
224 Centre St
New York, NY 10013 -

Name of recipient's employer
N/A

Recipients's occupation
N/A

Amount of Expenditure
$ 40000

Date of expenditure
11/26/2014

Purpose of expenditure
Subscription

Recipient's name, mailing address and ZIP code
NGP Van
1101 15th St NW #500
Washington, DC 20005 -

Name of recipient's employer
N/A

Recipients's occupation
N/A

Amount of Expenditure
$ 3300

Date of expenditure
11/26/2014

Purpose of expenditure
Software

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here	Shelly R. Moskwa	01/30/2015
	Signature of authorized official	Date

Form **8872**
(November 2002)
Department of the Treasury
Internal Revenue Service

Political Organization Report of Contributions and Expenditures

► See separate instructions.

OMB No. 1545-1696

A For the period beginning 10/16/2014 **and ending** 11/24/2014

B Check applicable box: ✔ Initial report ___ Change of address ___ Amended report ___ Final report

1 Name of organization
Garden State Forward

Employer identification number
46 - 2383979

2 Mailing address (P.O. box or number, street, and room or suite number)
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

3 E-mail address of organization:
gardenstatefwd@gmail.com

4 Date organization was formed:
03/27/2013

5a Name of custodian of records
Timothy McGuckin

5b Custodian's address
1900 M Street NW #500
Washington, DC 20036 -

6a Name of contact person
Timothy McGuckin

6b Contact person's address
1900 M Street NW, #500
Washington, DC 20036 -

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

8 Type of report (check only one box)

___ First quarterly report (due by April 15)
___ Second quarterly report (due by July 15)
___ Third quarterly report (due by October 15)
___ Year-end report (due by January 31)
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(1) Type of election:
(2) Date of election:
(3) For the state of:
✔ Post-general election report (due by the 30th day after general election)
(1) Date of election: 11/04/2014
(2) For the state of: NJ

Schedule A **Itemized Contributions** Schedule A

Schedule B Itemized Expenditures

Recipient's name, mailing address and ZIP code
Aggregate Below Threshold
180 West State Street
Trenton, NJ 08607

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 21
Date of expenditure
11/24/2014

Purpose of expenditure
Aggregate Below Threshold

Recipient's name, mailing address and ZIP code
Greater Wisconsin Political Fund
211 S. Paterson Street, Suite 160,
Madison, WI 53703 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 10000
Date of expenditure
10/22/2014

Purpose of expenditure
Contribution

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here	Shelly R. Moskwa	12/04/2014
	Signature of authorized official	Date

Form **8872**
(November 2002)
Department of the Treasury
Internal Revenue Service

Political Organization Report of Contributions and Expenditures

► See separate instructions.

OMB No. 1545-1696

A For the period beginning 10/01/2014 **and ending** 10/15/2014

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(3) For the state of: NJ
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(1) Date of election:
(2) For the state of:

Schedule A **Itemized Contributions** Schedule A

Schedule B Itemized Expenditures

Recipient's name, mailing address and ZIP code
Aggregate Below Threshold
180 West State Street
Trenton, NJ 08607

Name of recipient's employer
N/A

Recipients's occupation
N/A

Amount of Expenditure
$ 21

Date of expenditure
10/15/2014

Purpose of expenditure
Aggregate Below Threshold

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here	Shelly Moskwa	10/23/2014
	Signature of authorized official	Date

Form **8872**
(November 2002)
Department of the Treasury
Internal Revenue Service

Political Organization Report of Contributions and Expenditures

► See separate instructions.

OMB No. 1545-1696

A For the period beginning 07/01/2014 **and ending** 09/30/2014

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1 Name of organization
Garden State Forward

Employer identification number
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6a Name of contact person
Timothy McGuckin

6b Contact person's address
1900 M Street NW, #500
Washington, DC 20036 -

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

8 Type of report (check only one box)

- ☐ First quarterly report (due by April 15)
- ☐ Second quarterly report (due by July 15)
- ✔ Third quarterly report (due by October 15)
- ☐ Year-end report (due by January 31)
- ☐ Mid-year report (Non-election year only-due by July 31)
- ☐ Monthly report for the month of: (due by the 20th day following the month shown above, except the December report, which is due by January 31)
- ☐ Pre-election report (due by the 12th or 15th day before the election)
  (1) Type of election:
  (2) Date of election:
  (3) For the state of:
- ☐ Post-general election report (due by the 30th day after general election)
  (1) Date of election:
  (2) For the state of:

Schedule A **Itemized Contributions** Schedule A

Schedule B Itemized Expenditures

Recipient's name, mailing address and ZIP code
Aggregate Below Threshold
180 West State Street
Trenton, NJ 08607

Name of recipient's employer
N/A

Recipients's occupation
N/A

Amount of Expenditure
$ 65

Date of expenditure
09/30/2014

Purpose of expenditure
Aggregate Below Threshold

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here	Shelly R. Moskwa	10/15/2014
	Signature of authorized official	Date

Form **8872**
(November 2002)
Department of the Treasury
Internal Revenue Service

Political Organization Report of Contributions and Expenditures

► See separate instructions.

OMB No. 1545-1696

A For the period beginning 04/01/2014 **and ending** 06/30/2014

B Check applicable box: ✔ Initial report ___ Change of address ___ Amended report ___ Final report

1 Name of organization
Garden State Forward

Employer identification number
46 - 2383979

2 Mailing address (P.O. box or number, street, and room or suite number)
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

3 E-mail address of organization:
gardenstatefwd@gmail.com

4 Date organization was formed:
03/27/2013

5a Name of custodian of records
Timothy McGuckin

5b Custodian's address
1900 M Street NW #500
Washington, DC 20036 -

6a Name of contact person
Timothy McGuckin

6b Contact person's address
1900 M Street NW, #500
Washington, DC 20036 -

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

8 Type of report (check only one box)

___ First quarterly report (due by April 15)
✔ Second quarterly report (due by July 15)
___ Third quarterly report (due by October 15)
___ Year-end report (due by January 31)
___ Mid-year report (Non-election year only-due by July 31)
___ Monthly report for the month of: (due by the 20th day following the month shown above, except the December report, which is due by January 31)
___ Pre-election report (due by the 12th or 15th day before the election)
(1) Type of election:
(2) Date of election:
(3) For the state of:
___ Post-general election report (due by the 30th day after general election)
(1) Date of election:
(2) For the state of:

Schedule A Itemized Contributions

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 151460

Amount of contribution
$ 25000
Date of contribution
05/14/2014

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 151460

Amount of contribution
$ 20000
Date of contribution
05/22/2014

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 151460

Amount of contribution
$ 20000
Date of contribution
04/28/2014

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 151460

Amount of contribution
$ 20000
Date of contribution
05/02/2014

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 151460

Amount of contribution
$ 66373
Date of contribution
05/02/2014

Schedule B Itemized Expenditures

Recipient's name, mailing address and ZIP code
New Jersey Workers Voices
106 W State Street
Trenton, NJ 08608 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 20000
Date of expenditure
04/25/2014

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
New Jersey for the People
102 S Warren St
Trenton, NJ 08608 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 20000
Date of expenditure
05/02/2014

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
Committee for Economic Growth and Social Justice
PO Box 70980
Washington , DC 20024 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 20000
Date of expenditure
04/28/2014

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
New Jersey for the People
102 S Warren St
Trenton, NJ 08608 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 40000
Date of expenditure
04/30/2014

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
Committee for Economic Growth and Social Justice
PO Box 70980
Washington , DC 20024 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 20000
Date of expenditure
05/01/2014

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 6373
Date of expenditure
04/30/2014

Purpose of expenditure
Admin Expenses: Printing, Shipping

Recipient's name, mailing address and ZIP code
New Jersey for the People
102 S Warren St
Trenton, NJ 08608 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 40000
Date of expenditure
04/28/2014

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
The Mobilization Project Inc
PO Box 34101
Washington , DC 20043 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 25000
Date of expenditure
05/09/2014

Purpose of expenditure
Contribution

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here	Shelly Moskwa	07/31/2014
	Signature of authorized official	Date

Form **8872**
(November 2002)
Department of the Treasury
Internal Revenue Service

Political Organization Report of Contributions and Expenditures

► See separate instructions.

OMB No. 1545-1696

A For the period beginning 01/01/2014 **and ending** 03/31/2014

B Check applicable box: ✔ Initial report ___ Change of address ___ Amended report ___ Final report

1 Name of organization
Garden State Forward

Employer identification number
46 - 2383979

2 Mailing address (P.O. box or number, street, and room or suite number)
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

3 E-mail address of organization:
no@email

4 Date organization was formed:
03/27/2013

5a Name of custodian of records
Timothy McGuckin

5b Custodian's address
180 West State Street
Trenton, NJ 08607

6a Name of contact person
Timothy McGuckin

6b Contact person's address
180 West State Street
Trenton, NJ 08607

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

8 Type of report (check only one box)

✔ First quarterly report
(due by April 15)
___ Second quarterly report
(due by July 15)
___ Third quarterly report
(due by October 15)
___ Year-end report
(due by January 31)
___ Mid-year report (Non-election year only-due by July 31)
___ Monthly report for the month of:
(due by the 20th day following the month shown above, except the December report, which is due by January 31)
___ Pre-election report (due by the 12th or 15th day before the election)
(1) Type of election:
(2) Date of election:
(3) For the state of:
___ Post-general election report (due by the 30th day after general election)
(1) Date of election:
(2) For the state of:

Schedule A **Itemized Contributions** Schedule A

Schedule B Itemized Expenditures

Recipient's name, mailing address and ZIP code
The Mellman Group
1023 31st St NW
Washington, DC 20007 -

Name of recipient's employer
N/A

Recipients's occupation
N/A

Amount of Expenditure
$ 1701

Date of expenditure
03/18/2014

Purpose of expenditure
Consulting/Expenses

Recipient's name, mailing address and ZIP code
Utrecht Kleinfeld Fiori Zeglis & Partners
1900 M Street NW, #500
Washington, DC 20036 -

Name of recipient's employer
N/A

Recipients's occupation
N/A

Amount of Expenditure
$ 1838

Date of expenditure
03/18/2014

Purpose of expenditure
Consulting/Legal

Recipient's name, mailing address and ZIP code
Grassroots Solutions
2828 University Ave SE #150
Minneapolis, MN 55414 -

Name of recipient's employer
N/A

Recipients's occupation
N/A

Amount of Expenditure
$ 1783

Date of expenditure
03/18/2014

Purpose of expenditure
Consulting/Expenses

Recipient's name, mailing address and ZIP code
NGP VAN, Inc
1101 15th Street NW, #500
Washington, DC 20005 -

Name of recipient's employer
N/A

Recipients's occupation
N/A

Amount of Expenditure
$ 1750

Date of expenditure
03/18/2014

Purpose of expenditure
Database Fee

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here	Shelly Moskwa	04/15/2014
	Signature of authorized official	Date

Form **8872**
(November 2002)
Department of the Treasury
Internal Revenue Service

Political Organization Report of Contributions and Expenditures

► See separate instructions.

OMB No. 1545-1696

A For the period beginning 07/01/2013 **and ending** 12/31/2013

B Check applicable box: ✔ Initial report ☐ Change of address ☐ Amended report ☐ Final report

1 Name of organization
Garden State Forward

Employer identification number
46 - 2383979

2 Mailing address (P.O. box or number, street, and room or suite number)
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

3 E-mail address of organization:
no@email

4 Date organization was formed:
03/27/2013

5a Name of custodian of records
Timothy McGuckin

5b Custodian's address
180 West State Street
Trenton, NJ 08607

6a Name of contact person
Timothy McGuckin

6b Contact person's address
180 West State Street
Trenton, NJ 08607

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

8 Type of report (check only one box)

- ☐ First quarterly report (due by April 15)
- ☐ Second quarterly report (due by July 15)
- ☐ Third quarterly report (due by October 15)
- ✔ Year-end report (due by January 31)
- ☐ Mid-year report (Non-election year only-due by July 31)
- ☐ Monthly report for the month of: (due by the 20th day following the month shown above, except the December report, which is due by January 31)
- ☐ Pre-election report (due by the 12th or 15th day before the election)
  (1) Type of election:
  (2) Date of election:
  (3) For the state of:
- ☐ Post-general election report (due by the 30th day after general election)
  (1) Date of election:
  (2) For the state of:

Schedule A Itemized Contributions

Contributor's name, mailing address and ZIP code	Name of contributor's employer	
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 14639725	**Amount of contribution** $ 75595 **Date of contribution** 11/05/2013
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 14639725	**Amount of contribution** $ 45501 **Date of contribution** 11/05/2013
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 14639725	**Amount of contribution** $ 1103471 **Date of contribution** 10/23/2013
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 14639725	**Amount of contribution** $ 105404 **Date of contribution** 12/13/2013
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 14639725	**Amount of contribution** $ 50335 **Date of contribution** 11/12/2013
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 14639725	**Amount of contribution** $ 384468 **Date of contribution** 11/05/2013
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 14639725	**Amount of contribution** $ 105900 **Date of contribution** 10/18/2013
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 14639725	**Amount of contribution** $ 838105 **Date of contribution** 10/30/2013
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 14639725	**Amount of contribution** $ 77303 **Date of contribution** 11/20/2013

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 14639725

Amount of contribution
$ 117
Date of contribution
11/20/2013

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 14639725

Amount of contribution
$ 950742
Date of contribution
10/29/2013

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 14639725

Amount of contribution
$ 50000
Date of contribution
10/18/2013

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 14639725

Amount of contribution
$ 3611161
Date of contribution
10/15/2013

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 14639725

Amount of contribution
$ 9697
Date of contribution
11/07/2013

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 14639725

Amount of contribution
$ 50000
Date of contribution
10/07/2013

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 14639725

Amount of contribution
$ 5000
Date of contribution
10/10/2013

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
$ 14639725

Amount of contribution
$ 1683912
Date of contribution
10/11/2013

Schedule B Itemized Expenditures

Recipient's name, mailing address and ZIP code
Doubletree Suites
515 Fellowship Road
Mt Laurel, NJ 08054 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 2532
Date of expenditure
07/11/2013

Purpose of expenditure
Meeting Expense

Recipient's name, mailing address and ZIP code
Utrecht & Phillips
1900 M Street, NW #500
Washington, DC 20036 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 23307
Date of expenditure
08/20/2013

Purpose of expenditure
Legal Consulting

Recipient's name, mailing address and ZIP code
Utrecht & Phillips
1900 M Street, NW #500
Washington, DC 20036 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 1832
Date of expenditure
09/16/2013

Purpose of expenditure
Legal Consulting

Recipient's name, mailing address and ZIP code
Fund for Jobs Growth and Security, Account 1
700 13th Street NW, Suite 600
Washington, DC 20005 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 500000
Date of expenditure
10/25/2013

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
Jim Boice
2153 Old Lincoln Highway
Langhorne, PA 19047 -

Name of recipient's employer
NJEA
Recipients's occupation
Field Rep

Amount of Expenditure
$ 300
Date of expenditure
11/20/2013

Purpose of expenditure
Meeting Expense

Recipient's name, mailing address and ZIP code
Jaxgennarro LLC
36 Union Street
Princeton, NJ 08540 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 1661
Date of expenditure
09/20/2013

Purpose of expenditure
Meeting Expense

Recipient's name, mailing address and ZIP code
Jim Boice
2153 Old Lincoln Highway
Langhome, PA 19047 -

Name of recipient's employer
NJEA
Recipients's occupation
Field Rep

Amount of Expenditure
$ 152
Date of expenditure
09/30/2013

Purpose of expenditure
Meeting Supplies

Recipient's name, mailing address and ZIP code
The Mellman Group
1023 31st Street NW 5th Floor
Washington, DC 20007 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 66500
Date of expenditure
12/13/2013

Purpose of expenditure
Research

Recipient's name, mailing address and ZIP code
Innovative Prod Audio Visual LLC
22 Violet Street
Browns Mills, NJ 08015 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 5121
Date of expenditure
10/04/2013

Purpose of expenditure
Meeting Expense

Recipient's name, mailing address and ZIP code
LMR/Order Corner
PO Box 271609
Houston, TX 77277 - 1609

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 24
Date of expenditure
10/29/2013

Purpose of expenditure
Meeting Expense

Recipient's name, mailing address and ZIP code
Holiday Inn
One Pureland Drive
Swedesboro, NJ 08085 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 2592
Date of expenditure
10/29/2013

Purpose of expenditure
Meeting Expense

Recipient's name, mailing address and ZIP code
Imagennaro's Catering
36 Union Street
Princeton, NJ 08540 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 224
Date of expenditure
09/16/2013

Purpose of expenditure
Meeting Expense

Recipient's name, mailing address and ZIP code
LMR/Order Corner
PO Box 271609
Houston, TX 77277 - 1609

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 234
Date of expenditure
07/25/2013

Purpose of expenditure
Meeting Expense

Recipient's name, mailing address and ZIP code
Imagennaro's Catering
36 Union Street
Princeton, NJ 08540 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 187
Date of expenditure
07/25/2013

Purpose of expenditure
Meeting Expense

Recipient's name, mailing address and ZIP code
Dan's Backyard BBQ LLC
534 Old York Road
Flemington, NJ 08822 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 597
Date of expenditure
09/20/2013

Purpose of expenditure
Meeting Expense

Recipient's name, mailing address and ZIP code
Fund for Jobs Growth and Security, Account 1
700 13th Street NW, Suite 600
Washington, DC 20005 -

Name of recipient's employer
N/A
Recipients's occupation
N

Amount of Expenditure
$ 200000
Date of expenditure
11/05/2013

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
Grassroots Solutions
2828 University Ave SE #150
Minneapolis, MN 55414 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 32000
Date of expenditure
11/11/2013

Purpose of expenditure
Consulting

Recipient's name, mailing address and ZIP code
Fund for Jobs Growth and Security, Account 1
700 13th Street NW, Suite 600
Washington , DC 20005 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 750000
Date of expenditure
08/20/2013

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
Working Families United for NJ
106 W State Street
Trenton, NJ 08608 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 10000
Date of expenditure
09/30/2013

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
NewMedia Firm Inc
1730 Rhode Island Ave, NW Suite 213
Washington, DC 20036 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 46790
Date of expenditure
11/20/2013

Purpose of expenditure
Member Communications

Recipient's name, mailing address and ZIP code
Grassroots Solutions
2828 University Ave SE #150
Minneapolis, MN 55414 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 38744
Date of expenditure
12/13/2013

Purpose of expenditure
Consulting

Recipient's name, mailing address and ZIP code
Fund for Jobs Growth and Security, Account 1
700 13th Street NW, Suite 600
Washington, DC 20005 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 750000
Date of expenditure
09/30/2013

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
Innovative Prod Audio Visual LLC
22 Violet Street
Browns Mills, NJ 08015 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 1626
Date of expenditure
10/29/2013

Purpose of expenditure
Meeting Expense

Recipient's name, mailing address and ZIP code
LMR/Order Corner
PO Box 271609
Houston, TX 77277 - 1609

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 84
Date of expenditure
07/11/2013

Purpose of expenditure
Meeting Expense

Recipient's name, mailing address and ZIP code
Utrecht, Kleinfeld, Fiori, Zeglis & Partners
1900 M Street, NW #500
Washington, DC 20036 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 13375
Date of expenditure
11/11/2013

Purpose of expenditure
Legal Consulting

Recipient's name, mailing address and ZIP code
Stone's Phones
41-750 Rancho Las Palmas Drive Suite E-3
Rancho Mirage , CA 92270 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 6599
Date of expenditure
11/06/2013

Purpose of expenditure
Telephone Calls to Members

Recipient's name, mailing address and ZIP code
Grassroots Solutions
2828 University Ave SE #150
Minneapolis, MN 55414 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 2722
Date of expenditure
11/20/2013

Purpose of expenditure
Consulting

Recipient's name, mailing address and ZIP code
Fund for Jobs Growth and Security, Account 1
700 13th Street NW, Suite 600
Washington, DC 20005 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 2352500
Date of expenditure
10/15/2013

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
Jim Boice
2153 Old Lincoln Highway
Langhorne, PA 19047 -

Name of recipient's employer
NJEA
Recipients's occupation
Field Rep

Amount of Expenditure
$ 39
Date of expenditure
09/16/2013

Purpose of expenditure
Meeting Expense

Recipient's name, mailing address and ZIP code
Latino Consumer Group
50 Park Place Suite 1539
Newark, NJ 07102 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 366000
Date of expenditure
10/01/2013

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
LMR/Order Corner
PO Box 271609
Houston, TX 77277 - 1609

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 64
Date of expenditure
09/16/2013

Purpose of expenditure
Meeting Expense

Recipient's name, mailing address and ZIP code
Jim Boice
2153 Old Lincoln Highway
Langhorne, PA 19047 -

Name of recipient's employer
NJEA
Recipients's occupation
Field Rep

Amount of Expenditure
$ 141
Date of expenditure
12/13/2013

Purpose of expenditure
Meeting Expense

Recipient's name, mailing address and ZIP code
Dan's Backyard BBQ LLC
534 Old York Road
Flemington, NJ 08822 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 1489
Date of expenditure
09/27/2013

Purpose of expenditure
Meeting Expense

Recipient's name, mailing address and ZIP code
Doubletree Suites
515 Fellowship Road
Mt Lauren, NJ 08054 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 4680
Date of expenditure
08/20/2013

Purpose of expenditure
Meeting Expense

Recipient's name, mailing address and ZIP code
Jennifer Cohn Marsh
1378 Yardley Newtown Road
Yardley, PA 19067 -

Name of recipient's employer
NJEA
Recipients's occupation
Communications

Amount of Expenditure
$ 904
Date of expenditure
09/27/2013

Purpose of expenditure
Meeting Supplies

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here	Shelly Moskwa	01/31/2014
	Signature of authorized official	Date

Form **8872**
(November 2002)
Department of the Treasury
Internal Revenue Service

Political Organization Report of Contributions and Expenditures

► See separate instructions.

OMB No. 1545-1696

A For the period beginning 03/27/2013 **and ending** 06/30/2013

B Check applicable box: ☐ Initial report ☐ Change of address ☑ Amended report ☐ Final report

1 Name of organization
Garden State Forward

Employer identification number
46 - 2383979

2 Mailing address (P.O. box or number, street, and room or suite number)
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

3 E-mail address of organization:
no@email

4 Date organization was formed:
03/27/2013

5a Name of custodian of records
Timothy McGuckin

5b Custodian's address
180 West State Street
Trenton, NJ 08607

6a Name of contact person
Timothy McGuckin

6b Contact person's address
180 West State Street
Trenton, NJ 08607

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

8 Type of report (check only one box)

- ☐ First quarterly report (due by April 15)
- ☐ Second quarterly report (due by July 15)
- ☐ Third quarterly report (due by October 15)
- ☐ Year-end report (due by January 31)
- ☑ Mid-year report (Non-election year only-due by July 31)
- ☐ Monthly report for the month of: (due by the 20th day following the month shown above, except the December report, which is due by January 31)
- ☐ Pre-election report (due by the 12th or 15th day before the election)
  (1) Type of election:
  (2) Date of election:
  (3) For the state of:
- ☐ Post-general election report (due by the 30th day after general election)
  (1) Date of election:
  (2) For the state of:

Schedule A Itemized Contributions

Contributor's name, mailing address and ZIP code	Name of contributor's employer	
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 5493014	**Amount of contribution** $ 90691 **Date of contribution** 05/09/2013
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 5493014	**Amount of contribution** $ 101075 **Date of contribution** 06/27/2013
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 5493014	**Amount of contribution** $ 500000 **Date of contribution** 06/28/2013
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 5493014	**Amount of contribution** $ 127901 **Date of contribution** 05/23/2013
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 5493014	**Amount of contribution** $ 2225000 **Date of contribution** 04/02/2013
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 5493014	**Amount of contribution** $ 974054 **Date of contribution** 05/16/2013
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 5493014	**Amount of contribution** $ 1020000 **Date of contribution** 04/30/2013
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 5493014	**Amount of contribution** $ 2660 **Date of contribution** 06/28/2013
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 5493014	**Amount of contribution** $ 401633 **Date of contribution** 04/19/2013

Contributor's name, mailing address and ZIP code
New Jersey Education Association
180 West State Street
Trenton, NJ 08607

Name of contributor's employer
N/A

Contributor's occupation
N/A

Aggregate contributions year-to-date
$ 5493014

Amount of contribution
$ 50000

Date of contribution
05/21/2013

Schedule B Itemized Expenditures

Recipient's name, mailing address and ZIP code
Crowne Plaza Monroe
390 Forsgate Dr
Monroe Twp, NJ 08831 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 2659
Date of expenditure
06/28/2013

Purpose of expenditure
Meeting/Training Expense

Recipient's name, mailing address and ZIP code
Sheraton Parsnippany
199 Smith Road
Parsnippany, NJ 07054 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 4672
Date of expenditure
06/19/2013

Purpose of expenditure
Meeting/Training Expense

Recipient's name, mailing address and ZIP code
Crowne Plaza Monroe
390 Forsgate Dr
Monroe Twp, NJ 08831 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 5647
Date of expenditure
06/20/2013

Purpose of expenditure
Training/Meeting Expense

Recipient's name, mailing address and ZIP code
NGP VAN Inc
1101 15th St NW
Washington, DC 20005 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 2150
Date of expenditure
06/13/2013

Purpose of expenditure
Software

Recipient's name, mailing address and ZIP code
Latino Consumer Group
50 Park Place Suiter 1539
Newark, NJ 07102 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 150000
Date of expenditure
04/19/2013

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
Utrecht & Phillips
1900 M Street NW #500
Washington, DC 20036 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 17375
Date of expenditure
05/23/2013

Purpose of expenditure
Legal Fees

Recipient's name, mailing address and ZIP code
Embassy Suites
909 Parsnippany Blvd
Parsnippany, NJ 07054 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 4262
Date of expenditure
06/20/2013

Purpose of expenditure
Training/Meeting Expense

Recipient's name, mailing address and ZIP code
Fund for Jobs Growth & Security, Account 1
700 13th Street, NW Number 650
Washington, DC 20036 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 1000000
Date of expenditure
04/30/2013

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
NJ Worker's Voices
106 West State Street
Trenton, NJ 08608 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 500000
Date of expenditure
06/28/2013

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
Cerrillion N4 Partners
500 Union #406
Seattle, WA 98104 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 123968
Date of expenditure
06/20/2013

Purpose of expenditure
Mailing to members

Recipient's name, mailing address and ZIP code
Cerrillion N4 Partners
500 Union
Seattle, WA 98101 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 64959
Date of expenditure
06/27/2013

Purpose of expenditure
Mailing to Members

Recipient's name, mailing address and ZIP code
Imanennaro's
36 Union Street
Princeton, NJ 08540 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 93
Date of expenditure
06/20/2013

Purpose of expenditure
Meeting

Recipient's name, mailing address and ZIP code
Working Families United
106 West State Street
Trenton, NJ 08608 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 225000
Date of expenditure
04/02/2013

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
Meltwater News US Inc
Dept LA 23721
Pasadena, CA 91185 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 20000
Date of expenditure
05/23/2013

Purpose of expenditure
Social Media Development

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here	Shelly R. Moskwa Signature of authorized official	07/31/2013 Date

Form **8872**
(November 2002)
Department of the Treasury
Internal Revenue Service

Political Organization Report of Contributions and Expenditures

► See separate instructions.

OMB No. 1545-1696

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B Check applicable box: ✔ Initial report ___ Change of address ___ Amended report ___ Final report

1 Name of organization
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Employer identification number
46 - 2383979

2 Mailing address (P.O. box or number, street, and room or suite number)
180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

3 E-mail address of organization:
no@email

4 Date organization was formed:
03/27/2013

5a Name of custodian of records
Timothy McGuckin

5b Custodian's address
180 West State Street
Trenton, NJ 08607

6a Name of contact person
Timothy McGuckin

6b Contact person's address
180 West State Street
Trenton, NJ 08607

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180 West State Street

City or town, state, and ZIP code
Trenton, NJ 08607

8 Type of report (check only one box)

___ First quarterly report (due by April 15)
___ Second quarterly report (due by July 15)
___ Third quarterly report (due by October 15)
___ Year-end report (due by January 31)
✔ Mid-year report (Non-election year only-due by July 31)
___ Monthly report for the month of: (due by the 20th day following the month shown above, except the December report, which is due by January 31)
___ Pre-election report (due by the 12th or 15th day before the election)
(1) Type of election:
(2) Date of election:
(3) For the state of:
___ Post-general election report (due by the 30th day after general election)
(1) Date of election:
(2) For the state of:

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Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 5493014	**Amount of contribution** $ 1020000 **Date of contribution** 04/30/2013
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 5493014	**Amount of contribution** $ 500000 **Date of contribution** 06/28/2013
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 5493014	**Amount of contribution** $ 90691 **Date of contribution** 05/09/2013
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 5493014	**Amount of contribution** $ 101075 **Date of contribution** 06/27/2013
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 5493014	**Amount of contribution** $ 50000 **Date of contribution** 05/21/2013
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 5493014	**Amount of contribution** $ 974054 **Date of contribution** 05/16/2013
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 5493014	**Amount of contribution** $ 2225000 **Date of contribution** 04/02/2013
Contributor's name, mailing address and ZIP code	**Name of contributor's employer**	
New Jersey Education Association 180 West State Street Trenton, NJ 08607	N/A **Contributor's occupation** N/A **Aggregate contributions year-to-date** $ 5493014	**Amount of contribution** $ 2660 **Date of contribution** 06/28/2013

Schedule B Itemized Expenditures

Recipient's name, mailing address and ZIP code
Crowne Plaza Monroe
390 Forsgate Dr
Monroe Twp, NJ 08831 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 2659
Date of expenditure
06/28/2013

Purpose of expenditure
Meeting/Training Expense

Recipient's name, mailing address and ZIP code
NGP VAN Inc
1101 15th St NW
Washington, DC 20005 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 2150
Date of expenditure
06/13/2013

Purpose of expenditure
Software

Recipient's name, mailing address and ZIP code
Crowne Plaza Monroe
390 Forsgate Dr
Monroe Twp, NJ 08831 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 5647
Date of expenditure
06/20/2013

Purpose of expenditure
Training/Meeting Expense

Recipient's name, mailing address and ZIP code
Utrecht & Phillips
1900 M Street NW #500
Washington, DC 20036 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 17375
Date of expenditure
05/23/2013

Purpose of expenditure
Legal Fees

Recipient's name, mailing address and ZIP code
Sheraton Parsnippany
199 Smith Road
Parsnippany, NJ 07054 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 4672
Date of expenditure
06/19/2013

Purpose of expenditure
Meeting/Training Expense

Recipient's name, mailing address and ZIP code
Cerrillion N4 Partners
500 Union
Seattle, WA 98101 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 64959
Date of expenditure
06/27/2013

Purpose of expenditure
Mailing to Members

Recipient's name, mailing address and ZIP code
Imanennaro's
36 Union Street
Princeton, NJ 08540 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 93
Date of expenditure
06/20/2013

Purpose of expenditure
Meeting

Recipient's name, mailing address and ZIP code
Meltwater News US Inc
Dept LA 23721
Pasadena, CA 91185 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 20000
Date of expenditure
05/23/2013

Purpose of expenditure
Social Media Development

Recipient's name, mailing address and ZIP code
Fund for Jobs Growth & Security, Account 1
700 13th Street, NW Number 650
Washington, DC 20036 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 1000000
Date of expenditure
04/30/2013

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
Embassy Suites
909 Parsnippany Blvd
Parsnippany, NJ 07054 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 4262
Date of expenditure
06/20/2013

Purpose of expenditure
Training/Meeting Expense

Recipient's name, mailing address and ZIP code
Latino Consumer Group
50 Park Place Suiter 1539
Newark, NJ 07102 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 150000
Date of expenditure
04/19/2013

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
NJ Worker's Voices
106 West State Street
Trenton, NJ 08608 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 500000
Date of expenditure
06/28/2013

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
Working Families United
106 West State Street
Trenton, NJ 08608 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 225000
Date of expenditure
04/02/2013

Purpose of expenditure
Contribution

Recipient's name, mailing address and ZIP code
Cerrillion N4 Partners
500 Union #406
Seattle, WA 98104 -

Name of recipient's employer
N/A
Recipients's occupation
N/A

Amount of Expenditure
$ 123968
Date of expenditure
06/20/2013

Purpose of expenditure
Mailing to members

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here	Shelly Moskwa	07/29/2013
	Signature of authorized official	Date

Exhibit C



New Jersey Education Association Vice President Steve Beatty. (Photo: NJEA).

NJEA: Our politics is people powered

By Steve Beatty, June 26 2024 5:30 pm

OPINION

It's true. NJEA is one of the most powerful, most influential political entities in New Jersey and also one of the state's largest political spenders. That should not surprise anyone. With a membership of nearly 200,000, we are the largest single union – and one of the largest organized groups – in the Garden State. Our members work in every public school and live in every community. And the work we do to support, sustain and strengthen our public schools benefits every New Jersey resident.

Our values are clear and consistent. We believe that every student should have access to a great public school in their own community. We believe that public school employees deserve both professional respect and economic security. And we believe that working people everywhere deserve to live with justice, dignity and security. We proudly call ourselves a justice-centered union and that commitment guides all of our work.

We are successful because nearly 200,000 of us have come together to pool our resources and magnify our power. Pooled resources are how we support the Public Education Partnership grants that our local associations use to be good partners with their communities. Pooled resources are how we fund the Families and Schools Together program that helps our members build stronger relationships with parents, for the benefit of students. Pooled resources are how we hire the staff who help members bargain strong contracts and lobby for progressive policies to fund our schools and strengthen our profession. And pooled resources are how we are able to magnify the political voice of those nearly 200,000 education professionals in a landscape where individual working people's concerns are too often overshadowed by the concerns of billionaires and corporate interests.

Fourteen years ago, the United States Supreme Court's *Citizens United* decision on political spending tilted the balance of political power in America away from voters and toward corporations and the ultra-wealthy. As educators, we knew we needed to fight back. So in 2013, we created an entity called Garden State Forward to help level the playing field.

Garden State Forward is NJEA's Super PAC, and by law it can advocate on issues that affect our members, our students and the communities where we live and work. It can also contribute to, or even run, independent expenditure campaigns that support our members' endorsed candidates but that do not coordinate with those candidate campaigns. It is bound by the same reporting requirements as similar entities run by billionaires and corporate interests, and we work within those requirements.

Garden State Forward is funded out of NJEA's annual budget, which is developed, reviewed and approved by members directly elected from every county and every unit of representation in our union. Our political endorsement process is likewise member-driven, with every endorsement decision made by members chosen by their colleagues to represent them. NJEA is a model of open, transparent representative democracy.

And while we are proud of our democratic, member-centered processes, that isn't where the real magic happens. The money our members invest in political advocacy is essential, but it's not the most important part of our power as a union. Any billionaire, acting entirely alone, could easily outspend us without breaking a sweat. That's American capitalism at work. But by combining the energy and passion of nearly 200,000 professional educators, we have a power more potent than money, because people power is American democracy at work. And people power is where we excel.

When we endorse a candidate, we don't just write a check. We show up. We knock on doors. We make phone calls. We volunteer to get out the vote so that our endorsed candidates can win.

Likewise, when we choose to pursue policies that will make our schools stronger and our profession more stable, we go all in. We write letters. We call legislators. We attend hearings. We hold rallies. We tell our stories. And we keep doing it for as long as it takes to achieve positive change for our students, our schools and our own families, too.

It's understandable in the current climate why so many people are put off by politics. It's grown increasingly harsh and divisive in recent years, and that helps no one. But the solution to that is not to disengage or hide. The solution is for people everywhere to follow the lead of NJEA members and get involved. Stand up for your values. Invest in your priorities. Demand that your government work for you, for your community, and for all of us.

Steve Beatty is a high school social studies teacher in the Bridgewater-Raritan school district and currently serves as vice president of NJEA. He is also the chair of the NJEA PAC Operating Committee.

Spread the news:

Enter your email address Signup

Exhibit D

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493320068524

Form **990**

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2023 calendar year, or tax year beginning 01-01-2023 , and ending 12-31-2023

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

C Name of organization
GARDEN STATE FORWARD

Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code
TRENTON, NJ 08607

D Employer identification number
46-2383979

E Telephone number
(609) 599-4561

G Gross receipts $ 9,000,000

F Name and address of principal officer:
KRISTEN SHERMAN
180 W STATE STREET
TRENTON, NJ 08607

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.

H(c) Group exemption number

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

J Website: N/A

K Form of organization: ☐ Corporation ☐ Trust ☐ Association ☑ Other
SECTION 527 ORGANIZATION

L Year of formation: 2013

M State of legal domicile: NJ

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
SECTION 527 ORGANIZATION: TO MAKE INDEPENDENT EXPENDITURES REGARDING NEW JERSEY CANDIDATES, OR SUPPORT OF COMMITTEES OR ORGANIZATIONS THAT MAKE ONLY INDEPENDENT EXPENDITURES REGARDING SUCH CANDIDATES.

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	2
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	0
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	6,000,000	9,000,000
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,000,000	9,000,000
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,443,100	5,366,000
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) 0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	325,432	895,144
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	5,768,532	6,261,144
19	Revenue less expenses. Subtract line 18 from line 12	231,468	2,738,856

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,068,188	4,810,559
21	Total liabilities (Part X, line 26)	1,050	4,565
22	Net assets or fund balances. Subtract line 21 from line 20	2,067,138	4,805,994

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

****** | 2024-11-15
Signature of officer | Date
KRISTEN SHERMAN STEERING COMMITTEE
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2024-11-15		P00360279

Firm's name NOVAK FRANCELLA LLC | Firm's EIN 61-1436956

Firm's address 40 MONUMENT RD 5TH FLR
BALA CYNWYD, PA 19004 | Phone no. (610) 668-9400

May the IRS discuss this return with the preparer shown above? See Instructions. ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SECTION 527 ORGANIZATION: TO MAKE INDEPENDENT EXPENDITURES REGARDING NEW JERSEY CANDIDATES, OR SUPPORT OF COMMITTEES OR ORGANIZATIONS THAT MAKE ONLY INDEPENDENT EXPENDITURES REGARDING SUCH CANDIDATES.

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 $)

Description: 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
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		No
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions.	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3	Yes	
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions.	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,*Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	5		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 0				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**			No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . **10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**				
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders **11a**				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. **12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**				
c	Enter the amount of reserves on hand **13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see the instructions and file Form 4720, Schedule N.	**15**			No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.	**16**			No
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . If "Yes," complete Form 6069.	**17**			

Part VI **Governance, Management, and Disclosure.** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*
Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	2		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
NEW JERSEY EDUCATION ASSOCIATION 180 WEST STATE STREET TRENTON, NJ 08607 (609) 599-4561

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

☐ 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(1) KRISTEN SHERMAN STEERING COMMITTE	2.00 40.00	X						0	206,979	100,477
(2) KAREN KRYVEN STEERING COMMITTE	2.00 40.00	X						0	315,236	192,881

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								0	522,215	293,358

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 0

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CERILLION N4 PARTNERS 1326 5TH AVE SUITE 334 SEATTLE, WA 98101	MEDIA SERVICES	241,000
KENNEDY COMMUNICATIONS 1730 M ST NW SUITE 1010 WASHINGTON, DC 20036	DIRECT MAIL SERVICES	233,886
FLASHPOINT SRATEGIES LLC 399 BLOOMFIELD AVE STE 1 CALDWELL, NJ 07006	CONSULTING	205,650
BLUE PERIGON DIGITAL LLC 1828 L ST NW WASHINGTON, DC 20036	DIGITAL ADVERTISING	200,000

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 4

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	9,000,000			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a - 1f: $	1g				
	h **Total.** Add lines 1a-1f		9,000,000			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue.					
	g **Total.** Add lines 2a–2f.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
			(i) Real	(ii) Personal		
	6a Gross rents	6a				
	b Less: rental expenses	6b				
	c Rental income or (loss)	6c				
	d Net rental income or (loss)					
			(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	7a				
	b Less: cost or other basis and sales expenses	7b				
	c Gain or (loss)	7c				
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
	b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	9a				
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	10a				
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d					
	12 **Total revenue.** See instructions		9,000,000			

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	**(A)** Total expenses	**(B)** Program service expenses	**(C)** Management and general expenses	**(D)** Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,366,000			
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	225,878			
12 Advertising and promotion	668,971			
13 Office expenses	295			
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a				
b				
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	6,261,144			
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	2,068,188	1	4,810,559
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a			
	b	Less: accumulated depreciation — 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	2,068,188	16	4,810,559
Liabilities	17	Accounts payable and accrued expenses	1,050	17	4,565
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	1,050	26	4,565
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☑ and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	2,067,138	27	4,805,994
	28	Net assets with donor restrictions		28	
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	2,067,138	32	4,805,994
	33	Total liabilities and net assets/fund balances	2,068,188	33	4,810,559

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,000,000
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,261,144
3	Revenue less expenses. Subtract line 2 from line 1	3	2,738,856
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,067,138
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,805,994

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		No
	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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	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?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		No
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.	3b		

Additional Data

Software ID:
Software Version:
EIN: 46-2383979
Name: GARDEN STATE FORWARD

Form 990 (2023)

Form 990, Part III, Line 4a:

SECTION 527 ORGANIZATION: TO MAKE INDEPENDENT EXPENDITURES REGARDING NEW JERSEY CANDIDATES, OR SUPPORT OF COMMITTEES OR ORGANIZATIONS THAT MAKE ONLY INDEPENDENT EXPENDITURES REGARDING SUCH CANDIDATES.

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SCHEDULE C (Form 990)

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.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

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	Employer identification number
GARDEN STATE FORWARD	46-2383979

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. See instructions for definition of "political campaign activities."

2 Political campaign activity expenditures. See instructions ▶ $ 5,366,000

3 Volunteer hours for political campaign activities. See instructions

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					
2					
3					
4					
5					
6					

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period — Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV **Supplemental Information**

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

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ 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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
GARDEN STATE FORWARD

Employer identification number
46-2383979

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
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	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
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment ▶ .....

b Permanent endowment ▶ .....

c Term 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
(i) Unrelated organizations . . . . . 3a(i)		
(ii) Related organizations . . . . . 3a(ii)		

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				0

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)		
(C)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

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)		
(9)		
Total. *(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)	
(9)	
Total. *(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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	

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.

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

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

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

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	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 46-2383979
Name: GARDEN STATE FORWARD

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	GARDEN STATE FORWARD IS A QUALIFIED ORGANIZATION UNDER SECTION 527 OF THE INTERNAL REVENUE CODE WHICH PROVIDES FOR THE EXEMPTION FROM FEDERAL INCOME TAX OF "EXEMPT FUNCTION INCOME" OF A POLITICAL COMMITTEE THAT IS A SEPARATE SEGREGATED FUND OF AN EXEMPT ORGANIZATION WHI CH IS NOT A POLITICAL ORGANIZATION. CONTRIBUTIONS RECEIVED ARE EXEMPT FUNCTION INCOME PROV IDED THAT THE RECEIPTS ARE PRIMARILY EXPENDED FOR AN EXEMPT FUNCTION OR FOR SOME OR ALL OF ITS ADMINISTRATIVE EXPENSES. HOWEVER, INTEREST INCOME, IF ANY, WILL BE TAXED.

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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

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.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
GARDEN STATE FORWARD

Employer identification number
46-2383979

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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(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 . . . . . ▶ 1

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 8

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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

Additional Data

Software ID:
Software Version:
EIN: 46-2383979
Name: GARDEN STATE FORWARD

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

(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
DEMOCRATIC GOVERNORS ASSOCIATION 1225 EYES ST NW STE 1100 WASHINGTON, DC 20005	52-1304889	527	25,000	0			CONTRIBUTION
PROTECTING OUR DEMOCRACY INC 611 PENNSYLVANIA AVE NUM 143 WASHINGTON, DC 20003	88-1033231	501C(4)	3,000,000	0			CONTRIBUTION

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

(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
STRONGER FAIRER FORWARD INC PO BOX 36 MAPLEWOOD, NJ 07040	87-4235146	501C(4)	250,000	0			CONTRIBUTION
ACTION TOGETHER NEW JERSEY INC 16B LATHROP AVE MADISON, NJ 07940	82-2499279	501C(4)	36,000	0			CONTRIBUTION

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

(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
ATNJ EDUCATION FUND PO BOX 1206 MADISON, NJ 07940	83-2933150	501C(3)	36,000	0			CONTRIBUTION
DISTRICTS FOR DEMOCRACY PO BOX 408 NEW BRUNSWICK, NJ 08903	82-2794565	527	14,000	0			CONTRIBUTION

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

(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
MIDDLE GROUND PO BOX6424 MONROE TWP, NJ 08831	92-0385077	527	950,000	0			CONTRIBUTION
PROSPERITY RISING NJ INC 12 N STATE RIUTE 17 SUITE 320 PARAMUS, NJ 07652	92-2974903	527	1,000,000	0			CONTRIBUTION

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

(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
TURNOUT PROJECT INC 2010 MASSACHUSETTS ANE NW 2ND FLOOR WASHINGTON, DC 20036	46-5522417	527	50,000	0			CONTRIBUTION

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Schedule J (Form 990)

Compensation Information

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.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
GARDEN STATE FORWARD

Employer identification number
46-2383979

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on 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	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	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:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	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:			
a	The organization?	**5a**		
b	Any related organization?	**5b**		
	If "Yes," on line 5a or 5b, describe in Part III.			
6	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:			
a	The organization?	**6a**		
b	Any related organization?	**6b**		
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	**8**		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

For each individual whose compensation must be reported 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, 1099-MISC compensation, and/or 1099-NEC			(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				
1 KAREN KRYVEN STEERING COMMITTE	(i)	0	0	0	0	0	0	0
	(ii)	315,236	0	0	169,346	23,535	508,117	0
2 KRISTEN SHERMAN STEERING COMMITTE	(i)	0	0	0	0	0	0	0
	(ii)	206,979	0	0	47,587	52,890	307,456	0

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or 990-EZ.
Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
GARDEN STATE FORWARD

Employer identification number
46-2383979

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	GARDEN STATE FORWARD'S FORM 990 IS PREPARED BY ITS INDEPENDENT PUBLIC ACCOUNTANT WHO THEN PROVIDES THE RETURN TO THE GOVERNING BODY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	GARDEN STATE FORWARD MAKES ITS ORGANIZING DOCUMENTS OPEN TO THE PUBLIC UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C:	THE ORGANIZATION GOVERNING BODY, NEW JERSEY EDUCATION ASSOCIATION (NJEA), IS RESPONSIBLE F OR OVERSEEING THE FINANCIAL STATEMENT AUDIT AND SELECTION OF THE INDEPENDENT ACCOUNTANT TH AT PERFORMS THE AUDIT. NJEA'S FINANCIAL STATEMENTS ARE PREPARED ON A CONSOLIDATED BASIS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 1B	THE STEERING COMMITTEE OF GARDEN STATE FORWARD ARE NOT INDEPENDENT. THE STEERING COMMITTEE ARE EMPLOYEES OF NEW JERSEY EDUCATION ASSOCIATION.

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
GARDEN STATE FORWARD

Employer identification number
46-2383979

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1)NEW JERSEY EDUCATION ASSOCIATION 180 WEST STATE STREET TRENTON, NJ 08607 21-0524390	LABOR UNION	NJ	501(C)(5)				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) Disproprtionate 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
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b		No
c	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o	Sharing of paid employees with related organization(s)	1o		No
p	Reimbursement paid to related organization(s) for expenses	1p		No
q	Reimbursement paid by related organization(s) for expenses	1q		No
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s	Yes	

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)NEW JERSEY EDUCATION ASSOCIATION	S	9,000,000	FMV

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

Part VII **Supplemental Information**

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

Return Reference	Explanation

Exhibit E

INDEPENDENT EXPENDITURE COMMITTEE - REGISTRATION STATEMENT AND DESIGNATION OF CAMPAIGN TREASURER AND DEPOSITORY

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

P.O. Box 185, Trenton, NJ 08625-0185
Phone: (609) 292-8700
Website: www.elec.nj.gov

FORM D-6

ELEC Received
Nov 04, 2024 10:28 AM

☐ **Amendment**

Committee Name
GARDEN STATE FORWARD

Identifying Title or Acronym (Optional)

Committee Email (optional)

Street Address
180 W STATE ST

Committee Website (optional)

City	State	Zip Code	*Day Telephone	*Evening Telephone
TRENTON	NJ	08608	609-599-4561	609-599-4561

Election Type: (Select One)
○ Primary ○ May Municipal ○ Fire District
◉ General (including School Board) ○ Run-Off ○ Special

Election Date
11/05/2024

◉ Statewide Committee ○ County / Local Committee

◉ Election Related Committee ○ Ballot Question Committee

County	Legal Name of Election District or Municipality	Political Party, if any
	STATEWIDE	INDEPENDENT

1. CHAIRPERSON

Name
KRISTEN SHERMAN

Mailing Address
180 W STATE ST

City	State	Zip Code	*Day Telephone	*Evening Telephone
TRENTON	NJ	08608	609-599-4561	609-599-4561

2. TREASURER

Name
KAREN KRYVEN

Mailing Address
180 W STATE ST

City	State	Zip Code	*Day Telephone	*Evening Telephone
TRENTON	NJ	08608	609-599-4561	609-599-4561

Resident Address
7 BLUEBIRD RD

City	State	Zip Code
HOLLAND	PA	18966

3. DEPOSITORY INFORMATION

Name of Bank or Depository - 1
WSFS

Mailing Address
530 WALNUT ST

City	State	Zip Code	Day Telephone
PHILADELPHIA	PA	19103	888-326-2265

Account Name
GARDEN STATE FORWARD

Account Number
******7219

*Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47:1A-1.1, an unlisted telephone number is not a public record and must not be provided on this form.

DEPOSITORY INFORMATION - (additional)

Name of Bank or Depository -2

Mailing Address

City | State | Zip Code | Day Telephone

Account Name

Account Number

4. LIST THE NAME(S), MAILING ADDRESS(ES) AND TELEPHONE NUMBER(S) OF ANY PERSON(S) AUTHORIZED TO SIGN CHECKS OR OTHERWISE MAKE TRANSACTIONS

Name

KRISTEN SHERMAN

Mailing Address

180 W STATE ST

City	State	Zip Code	*Day Telephone	*Evening Telephone
TRENTON	NJ	08608	609-599-4561	609-599-4561

Name

KAREN KRYVEN

Mailing Address

180 W STATE ST

City	State	Zip Code	*Day Telephone	*Evening Telephone
TRENTON	NJ	08608	609-599-4561	609-599-4561

5. General Organizational Category or Affiliation (This section includes, but is not limited to: support of or opposition to a candidate, public officeholder, or public question or support of or affiliation with a business, union, professional or trade association, ideological group, civic association or other entity.)

INDEPENDENT EXPENDITURES IN SUPPORT OF OR OPPOSITION TO CANDIDATES FOR NEW JERSEY PUBLIC OFFICE, (INCLUDING BUT NOT LIMITED TO, SUPPORT OF OR OPPOSITION TO CANDIDATES OR PUBLIC OFFICE HOLDERS) IN ACCORDANCE WITH COMMITTEE OBJECTIVES.

*Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47:1A-1.1, an unlisted telephone number is not a public record and must not be provided on this form.

6. List the names/mailing addresses of the persons (other than chairperson) or entities having control over the affairs of the independent expenditure committee.
(This section includes, but is not limited to: persons in whose name or at whose direction or suggestion the committee solicits funds or makes independent expenditures)

NEW JERSEY EDUCATION ASSOCIATION	N/A
Name of Person or Entity	Occupation
180 W STATE ST	N/A
Mailing Address	Employer Name
TRENTON	N/A
City	Employer Mailing Address
NJ 08608	N/A
State, Zip Code	City, State, Zip Code

KAREN KRYVEN	COMPTROLLER
Name of Person or Entity	Occupation
180 W STATE ST	NEW JERSEY EDUCATION ASSOCIATION
Mailing Address	Employer Name
TRENTON	180 W STATE ST
City	Employer Mailing Address
NJ 08608	TRENTON NJ 08608
State, Zip Code	City, State, Zip Code

Name of Person or Entity	Occupation
Mailing Address	Employer Name
City	Employer Mailing Address
State, Zip Code	City, State, Zip Code

*Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47:1A-1.1, an unlisted telephone number is not a public record and must not be provided on this form.

7. List the names/mailing addresses of the persons or entities not already listed herein who, directly or through an agent, participated in the initial organization of the independent expenditure committee.

Name of Person or Entity	Occupation
Mailing Address	Employer Name
City	Employer Mailing Address
State, Zip Code	City, State, Zip Code
Name of Person or Entity	Occupation
Mailing Address	Employer Name
City	Employer Mailing Address
State, Zip Code	City, State, Zip Code

8. List the economic, political or other particular interests and objectives to be advanced by the independent expenditure committee.

SUPPORT AND ADVANCEMENT OF EDUCATIONAL INTERESTS OF NEW JERSEY CHILDREN, TEACHERS AND ALL RESIDENTS OF THE STATE, AS WELL AS SUPPORT AND ADVANCEMENT OF NEW JERSEY PUBLIC SCHOOLS.

*Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47:1A-1.1, an unlisted telephone number is not a public record and must not be provided on this form.

9. Has any New Jersey candidate or officeholder (other than a federal candidate) established, authorized the establishment of, maintained or participated directly or indirectly in the management or control of this independent expenditure committee, or will any New Jersey candidate do so in the future?

○ YES ◉ NO

10. Is the chairperson designated herein, a chairperson of a New Jersey political party committee or a New Jersey legislative leadership comittee?

○ YES ◉ NO

11. Will this committee engage in only independent expenditure activity?

◉ YES ○ NO

12. What is the total amount this committee expects to expend on independent expenditures for this election?

$ 1,000,000

13. List the name and resident address of a New Jersey resident who has been designated by the committee as the agent of the independent expendeture committee to receive service of legal process. Note: if the treasurer is a New Jersey resident, he/she may be designated to accept service of legal process.

Name

KRISTEN SHERMAN

Mailing Address

180 W STATE ST

City	State	Zip Code
TRENTON	NJ	08608

14. CHAIRPERSON/TREASURER CERTIFICATION

I certify that the statements on this document are true and correct. I further certify that no candidate or officeholder has established, authorized the establishment of, maintained or participated directly or indirectly in the management or control of the independent expenditure committee, and no candidate shall be permitted to do so during the existence of the independent expendidture committee. I am aware that if any of the statements on this document are willfully false, I may be subject to punishment.

Registration Number ********** PIN ******

KRISTEN SHERMAN — Chairperson

11/01/2024 — Date

Registration Number ********** PIN ******

KAREN KRYVEN — Treasurer

11/01/2024 — Date

*Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47:1A-1.1, an unlisted telephone number is not a public record and must not be provided on this form.

Exhibit F

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493192000364

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 09-01-2012 , 2012, and ending 08-31-2013

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial 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 country, and ZIP + 4
TRENTON, NJ 086071211

D Employer identification number
21-0524390

E Telephone number
(609) 599-4561

G Gross receipts $ 140,483,204

F Name and address of principal officer
BARBARA KESHISHIAN
180 W STATE STREET PO BOX 1211
TRENTON, NJ 086071211

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW NJEA ORG

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	42
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	11
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	1,054
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	275,618
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	6,253,731	8,759,048
9	Program service revenue (Part VIII, line 2g)	114,896,741	114,891,809
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,669,203	2,861,399
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,232	12,427
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	123,836,907	126,524,683
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,626,384	11,472,840
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	1,145,301
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	58,095,023	63,948,625
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	50,920,452	46,712,522
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	110,641,859	123,279,288
19	Revenue less expenses Subtract line 18 from line 12	13,195,048	3,245,395

Revenue / Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	124,555,419	138,974,725
21	Total liabilities (Part X, line 26)	202,063,169	126,952,850
22	Net assets or fund balances Subtract line 21 from line 20	-77,507,750	12,021,875

Net Assets or Fund Balances

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

****** 2014-07-09
Signature of officer Date

MARIE BLISTAN VICE PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: LOUIS VERZELLA CPA	Preparer's signature	Date: 2014-07-08	Check ☐ 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

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☐

1 Briefly describe the organization's mission

THE MISSION OF THE NEW JERSEY EDUCATION ASSOCIATION IS TO ADVANCE AND PROTECT THE RIGHTS, BENEFITS, AND INTERESTS OF MEMBERS, AND PROMOTE A QUALITY SYSTEM OF PUBLIC EDUCATION FOR ALL STUDENTS

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ including grants of $) (Revenue $)

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

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

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

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses ▶**

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		No
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3	Yes	
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	824		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1,054		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	42		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ TIM MCGUCKIN 180 W STATE STREET PO BOX 1211 TRENTON, NJ (609) 599-4561

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

Check if Schedule O contains a response to any question 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)*

(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			
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								3,384,711	0	741,178

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 ▶127

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ZAZZALI FAGELLA NOWAK KLEINBAUM & FREI ONE RIVER FRONT PLAZA STE 320 NEWARK NJ 07102	LEGAL SERVICES	1,655,198
SELIKOFF & COHEN PA 700 EAST GATE DRIVE SUITE 502 MT LAUREL NJ 08054	LEGAL SERVICES	1,518,322
CARUSO SMITH EDELL PICINI PC 60 ROUTE 46 EAST FAIRFIELD NJ 07004	LEGAL SERVICES	1,246,599
BUCCERI & PINCUS ESQS 300 BROADACRES DRIVE SUITE 210 BLOOMFIELD NJ 07003	LEGAL SERVICES	1,004,800
OXFORD COHEN PC 60 PARK PLACE NEWARK NJ 07102	LEGAL SERVICES	795,006
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 ▶34		

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question 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, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	8,759,048			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		8,759,048			
			Business Code				
Program Service Revenue	2a	MEMBERSHIP DUES	900099	113,724,478	113,724,478		
	b	CONFERENCES	900099	745,898	745,898		
	c	PUBLICATION INCOME	511190	275,618		275,618	
	d	ROYALTY INCOME	900099	125,461			125,461
	e	CONVENTION	900099	20,354			20,354
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f		114,891,809			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,385,113			2,385,113
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	14,299,667	135,140			
	b	Less cost or other basis and sales expenses	13,722,580	235,941			
	c	Gain or (loss)	577,087	-100,801			
	d	Net gain or (loss)		476,286			476,286
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	OTHER INCOME	900099	12,427			12,427
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a-11d		12,427			
	12	**Total revenue.** See Instructions		126,524,683	114,470,376	275,618	3,019,641

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 to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	11,472,840			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members	1,145,301			
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	3,775,086			
7 Other salaries and wages	27,108,836			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	23,680,413			
9 Other employee benefits	7,327,493			
10 Payroll taxes	2,056,797			
11 Fees for services (non-employees)				
a Management				
b Legal	9,524,593			
c Accounting	138,500			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	353,837			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,463,081			
12 Advertising and promotion	5,846,144			
13 Office expenses	4,676,820			
14 Information technology	1,385,083			
15 Royalties				
16 Occupancy	2,783,151			
17 Travel	2,778,250			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,193,118			
20 Interest				
21 Payments to affiliates	4,712,388			
22 Depreciation, depletion, and amortization	1,639,942			
23 Insurance	228,487			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ORGANIZING EXPENSES	4,325,588			
b TRAINING PROG & SERV	2,801,257			
c PUBLIC/GOVERNMENT RELAT	731,080			
d COMMUNICATION EXPENSE	415,199			
e All other expenses	716,004			
25 **Total functional expenses.** Add lines 1 through 24e	123,279,288			
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	13,750,958
	2	Savings and temporary cash investments		31,465,989	2	10,540,742
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		425,074	4	1,442,676
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	30,933
	9	Prepaid expenses and deferred charges		1,725,965	9	3,123,621
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 28,087,632			
	b	Less accumulated depreciation	10b 13,667,052	13,766,065	10c	14,420,580
	11	Investments—publicly traded securities		77,109,026	11	94,527,090
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		63,300	15	1,138,125
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		124,555,419	16	138,974,725
Liabilities	17	Accounts payable and accrued expenses		5,727,344	17	5,364,734
	18	Grants payable			18	
	19	Deferred revenue		1,167,819	19	1,018,594
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	1,803,427
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		195,168,006	25	118,766,095
	26	**Total liabilities.** Add lines 17 through 25		202,063,169	26	126,952,850
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		-77,507,750	27	11,996,875
	28	Temporarily restricted net assets			28	25,000
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		-77,507,750	33	12,021,875
	34	Total liabilities and net assets/fund balances		124,555,419	34	138,974,725

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	126,524,683
2	Total expenses (must equal Part IX, column (A), line 25)	2	123,279,288
3	Revenue less expenses Subtract line 2 from line 1	3	3,245,395
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-77,507,750
5	Net unrealized gains (losses) on investments	5	4,882,383
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	81,401,847
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	12,021,875

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JANET S BISCHAK EXECUTIVE COMMITTEE	2 00	X						2,860	0	0
TONI E GUERRA EXECUTIVE COMMITTEE	2 00	X						2,860	0	0
REGINA A ANDREWS-COLLETTE EXECUTIVE COMMITTEE	2 00	X						0	0	0
GAYLE K FAULKNER EXECUTIVE COMMITTEE	2 00	X						2,860	0	0
BEVERLY A FIGLIOLI EXECUTIVE COMMITTEE	2 00	X						2,860	0	0
ROBIN C HOLCOMBE EXECUTIVE COMMITTEE	2 00	X						2,860	0	0
STEPHEN BOUCHARD EXECUTIVE COMMITTEE	2 00	X						2,860	0	0
CHARLOTTE J BAYLEY EXECUTIVE COMMITTEE	2 00	X						0	0	0
JOSEPH F CHEFF EXECUTIVE COMMITTEE	2 00	X						2,860	0	0
SUSAN J DAVIS EXECUTIVE COMMITTEE	2 00	X						0	0	0
KIMBERLY L SCOTT EXECUTIVE COMMITTEE	2 00	X						2,860	0	0
ROSEMARIE J JANKOWSKI EXECUTIVE COMMITTEE	2 00	X						2,860	0	0
MICHAEL E FRANK EXECUTIVE COMMITTEE	2 00	X						0	0	0
LAURIE A SCHORNO EXECUTIVE COMMITTEE	2 00	X						2,860	0	0
RONALD G BURD EXECUTIVE COMMITTEE	2 00	X						2,860	0	0
ANDREW M JACOBS EXECUTIVE COMMITTEE	2 00	X						0	0	0
ROY S TAMARGO EXECUTIVE COMMITTEE	2 00	X						2,860	0	0
ARNETTA E JOHNSON EXECUTIVE COMMITTEE	2 00	X						0	0	0
DONNA MIRABELLI EXECUTIVE COMMITTEE	2 00	X						2,860	0	0
TERESA J PURCELL EXECUTIVE COMMITTEE	2 00	X						2,860	0	0
ANN MARGARET SHANNON EXECUTIVE COMMITTEE	2 00	X						2,860	0	0
JOHN P WARD EXECUTIVE COMMITTEE	2 00	X						2,860	0	0
CARL E FRATZ EXECUTIVE COMMITTEE	2 00	X						2,860	0	0
JOYCE R POWELL EXECUTIVE COMMITTEE	2 00	X						2,860	0	0
MICHAEL J KRUCZEK EXECUTIVE COMMITTEE	2 00	X						2,860	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHELE T YAKOPCIC EXECUTIVE COMMITTEE	2 00	X						2,860	0	0
LINDA K MARTINS EXECUTIVE COMMITTEE	2 00	X						2,860	0	0
VICTORIA D MCKEON EXECUTIVE COMMITTEE	2 00	X						0	0	0
LUCILLE A BLOOM EXECUTIVE COMMITTEE	2 00	X						2,920	0	0
CHRISTINE SAMPSON-CLARK EXECUTIVE COMMITTEE	2 00	X						0	0	0
ANITA SCHWARTZ EXECUTIVE COMMITTEE	2 00	X						0	0	0
MARY SUE FISCO EXECUTIVE COMMITTEE	2 00	X						2,860	0	0
SUSAN MCBRIDE EXECUTIVE COMMITTEE	2 00	X						2,860	0	0
ANDREW POLICASTRO EXECUTIVE COMMITTEE	2 00	X						2,860	0	0
ERIC L STINSON EXECUTIVE COMMITTEE	2 00	X						0	0	0
EDWARD S YARUSINSKY EXECUTIVE COMMITTEE	2 00	X						2,920	0	0
LOIS YUKNA EXECUTIVE COMMITTEE	2 00	X						2,860	0	0
ALVIN WILLIAMS EXECUTIVE COMMITTEE	2 00	X						0	0	0
BARBARA A KESHISHIAN PRESIDENT	40 00			X				300,499	0	158,110
WENDELL F STEINHAUER VICE-PRES	40 00			X				204,848	0	60,283
MARIE E BLISTAN SECR-TREAS	40 00			X				207,678	0	81,450
VINCENT E GIORDANO EXECUTIVE DIRECTOR	40 00				X			521,871	0	402,429
TIMOTHY MCGUCKIN BUSINESS DIRECTOR	40 00				X			237,939	0	-24,174
EDWARD RICHARDSON ASSISTANT DIRECTOR HUMAN R	40 00				X			221,787	0	-67,678
ZELLA FELZENBERG ASSISTANT DIRECTOR, UNISER	40 00				X			254,419	0	11,209
RICH GRAY ASST EXECUTIVE DIRECTOR	40 00					X		414,257	0	-53,049
GINGER GOLD SCHNITZER DIRECTOR, GOVERNMENT RELAT	40 00					X		226,815	0	-24,630
NANCY VOLPE-BERINGER DIRECTOR OF ORGANIZATIONAL DEVEL	40 00					X		263,401	0	363,240
BRUCE IONNO MANAGER INFORMATION SYSTEM	40 00					X		229,124	0	-247,793
STEVE WOLLMER COMMUNICATIONS DIRECTOR	40 00					X		224,733	0	81,781

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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.
▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	Employer identification number
NEW JERSEY EDUCATION ASSOCIATION	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		998,807

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
ORGANIZATIONS DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES	PART I-A, LINE 1	NJEA PASSES THROUGH, IN A TIMELY MANNER, THE VOLUNTARY POLITICAL CONTRIBUTIONS RECEIVED FROM MEMBERS TO THE NEW JERSEY EDUCATION ASSOCIATION POLITICAL ACTION COMMITTEE

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
NEW JERSEY EDUCATION ASSOCIATION

Employer identification number
21-0524390

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

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

5 Did the organization inform all donors and donor 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" to 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
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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" to 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) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

2 If the organization received or held works of art, 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 Revenues included in 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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

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

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

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

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	2,347,804	2,353,802	2,131,585	2,152,737	2,355,841
b Contributions			175,560	67,091	
c Net investment earnings, gains, and losses	58,396	-5,998	46,657	-88,243	-56,202
d Grants or scholarships					146,902
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	2,406,200	2,347,804	2,353,802	2,131,585	2,152,737

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

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

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

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

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,081,797		1,081,797
b Buildings		19,382,132	8,895,587	10,486,545
c Leasehold improvements				
d Equipment		5,631,768	3,258,310	2,373,458
e Other		1,991,935	1,513,155	478,780
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				14,420,580

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13.)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

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

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
ACCRUED VACATION & SICK PAY	5,455,921
DEFERRED COMPENSATION	256,921
ACCRUED POSTRETIREMENT BENEFITS	66,665,695
ACCRUED PENSION COST	46,342,548
DUE TO NJEA HEALTH AND WELFARE BENEFITS PLAN	45,010
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	118,766,095

2. Fin 48 (ASC 740) Footnote 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

1	Total revenue, gains, and other support per audited financial statements			1	131,654,030
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	4,882,383		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	500,000		
e	Add lines **2a** through **2d**			2e	5,382,383
3	Subtract line **2e** from line **1**			3	126,271,647
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	353,837		
b	Other (Describe in Part XIII)	4b	-100,801		
c	Add lines **4a** and **4b**			4c	253,036
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	126,524,683

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

1	Total expenses and losses per audited financial statements			1	123,026,252
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	100,801		
e	Add lines **2a** through **2d**			2e	100,801
3	Subtract line **2e** from line **1**			3	122,925,451
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	353,837		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	353,837
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	123,279,288

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE FOUNDATION WAS ORGANIZED EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL PURPOSES, TO ADVANCE AND IMPROVE THE QUALITY OF EDUCATION AND THE TEACHING PROFESSION IN NEW JERSEY THROUGH THE STUDY, CREATION AND FUNDING OF INNOVATIVE PROGRAMS OR PROJECTS WHICH WILL FURTHER EDUCATIONAL AND INSTRUCTIONAL EXCELLENCE
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	MANAGEMENT EVALUATED NJEA'S TAX POSITIONS AND CONCLUDED THAT NJEA HAD MAINTAINED ITS TAX EXEMPT STATUS AND HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS AT THE PRESENT TIME, NJEA IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY U S FEDERAL, STATE, OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2010
PART XI, LINE 2D - OTHER ADJUSTMENTS		ELIMINIATION ENTRY NJEA HURRICANE SANDY BACK TO SCHOOL CONTRIBUTION 500,000
PART XI, LINE 4B - OTHER ADJUSTMENTS		LOSS ON DISPOSAL OF FIXED ASSETS -100,801
PART XII, LINE 2D - OTHER ADJUSTMENTS		LOSS ON DISPOSAL OF FIXED ASSETS 100,801

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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," to Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990**

OMB No 1545-0047

2012

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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 24

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 13

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, 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 Return to Form

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NJ CENTER FOR TEACHING AND LEARNING115 FRANKLIN TURNPIKE 203 MAHWAH,NJ 07430	77-0667571	501(C)(3)	750,000				FINANCIAL SUPPORT
AFRICAN AMERICAN HERITAGE PARADEPO BOX 1104 NEWARK,NJ 07101		N/A	85,000				FINANCIAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NJEA HURRICANE SANDY BACK TO SCHOOL FUNDPO BOX 13407 PHILADELPHIA,PA 19101		N/A	500,000				FINANCIAL SUPPORT
KOMEN BREAST CANCER FOUNDATIONTWO PRINCESS ROAD SUITE D LAWRENCEVILLE,NJ 08648	43-2052349	501(C)(3)	10,000				FINANCIAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREDERICK L HIPP FOUNDATION INC180 WEST STATE STREET TRENTON, NJ 08607	22-3277861	501(C)(3)	50,000				FINANCIAL SUPPORT
NJ STATE CONF OF THE NAACPPO BOX 1706 MONTCLAIR, NJ 07042	22-6095670	501(C)(3)	21,350				FINANCIAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NJ BLACK ISSUES CONVENTION INCPO BOX 1843 NEWARK,NJ 07101	22-2532996	501(C)(3)	12,500				FINANCIAL SUPPORT
NJ COMMISSION FOR HOLOCAUST EDUCATION PO BOX 500 TRENTON,NJ 08625		GOVERNMENTAL AGENCY	50,000				FINANCIAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUILDING OUR FUTURE 1700 MAIN STREET STE 416 LAKE COMO,NJ 07719		N/A	75,000				FINANCIAL SUPPORT
THE LATINO INSTITUTE INC50 PARK PLACE SUITE 1539 NEWARK,NJ 07102	20-1516874	501(C)(3)	125,000				FINANCIAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUR COMMUNITY VOTES 888 16TH STREET NW STE 650 WASHINGTON, DC 20006		N/A	50,000				FINANCIAL SUPPORT FOR RA GIVEAWAY PLEDGE
NJ HALL OF FAME (TICKETS)4 RIDGE RD LEBANON, NJ 08833	22-3291935	501(C)(3)	25,000				FINANCIAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CELEBRATE NEW JERSEY 120 FINDERNE AVENUE STE 10 BRIDGEWATER,NJ 08807	30-0383808	501(C)(3)	20,000				FINANCIAL SUPPORT
BOYS & GIRLS CLUB OF CLIFTON822 CLIFTON AVE CLIFTON,NJ 07012	22-1589377	501(C)(3)	15,000				FINANCIAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLSEN INC247 CENTRE ST 7TH FLR NEW YORK, NY 10013	04-3234202	501(C)(3)	15,000				FINANCIAL SUPPORT
STATEWIDE PARENT ADV NETWORK INC (SPONSORSHIP)35 HALSET STREET 4TH FLR NEWARK, NJ 07102	22-2868501	501(C)(3)	10,000				FINANCIAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NJASECD (EIRC FOUNDATION)107 GILBRETH PKWY SUITE 200 MULLICA HILL,NJ 08062	23-3829911	501(C)(3)	5,000				FINANCIAL SUPPORT
THE NEA FOUNDATION 1201 16TH ST NW STE 416 WASHINGTON,DC 20036	23-7035089	501(C)(3)	10,000				FINANCIAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NJ WORK ENVIRONMENT COUNCIL (SPONSOR)142 W STATE ST STE 3 TRENTON, NJ 08608	22-2751863	501(C)(3)	5,000				FINANCIAL SUPPORT
DARE NEW JERSEY INC292 PROSPECT PLAINS RD CRANBURY, NJ 08512	22-3067748	501(C)(3)	18,500				FINANCIAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIBERTY SCIENTY MUSEUM251 PHILLIP STREET JERSEY CITY,NJ 07305	22-2302253	501(C)(3)	10,000				FINANCIAL SUPPORT
CONSERVE WILDLIFE FOUND OF NJ501 EAST STATE ST PO BOX 400 TRENTON,NJ 08625	22-3130406	501(C)(3)	5,000				FINANCIAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OKLAHOMA EDUCATION ASSOCIATIONPO BOX 18485 OKLAHOMA CITY,OK 73154	73-0384310	501(C)(6)	10,000				FINANCIAL SUPPORT
NATIONAL EDUCATION ASSOCIATION1201 16TH ST NW STE 416 WASHINGTON,DC 20036	53-0115260	501(C)(5)	7,500				FINANCIAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL CENTER FOR FAIR AND OPEN TESTING PO BOX 300204 JAMAICA PLAN, MA 02130	22-2653502	501(C)(3)	5,000				FINANCIAL SUPPORT
WORKING FAMILIES UNITED FOR NJ106 WEST STATE STREET TRENTON, NJ 08608		501(C)(4)	30,000				FINANCIAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NJ CITIZEN ACTION744 BROAD STREET NEWARK,NJ 07102	22-2395222	501(C)(4)	5,000				FINANCIAL SUPPORT
NJ COALITION FOR INCLUSIVE ED9H AUER CT WILLIAMSBURG OFFICE EAST BRUNSWICK,NJ 08816	22-3389917	501(C)(3)	5,000				FINANCIAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MANNA FROM HEAVEN59 GARFIELD AVENUE BRIDGETON,NJ 08302	20-0575468	501(C)(3)	5,000				FINANCIAL SUPPORT
PAM'S LIST321 COOK AVENUE SCOTCH PLAINS,NJ 07076		N/A	5,000				FINANCIAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE GI GO FUNDPO BOX 1777 NEW BRUNSWICK, NJ 08903	20-4990937	501(C)(3)	5,000				FINANCIAL SUPPORT
DRUMTHWACKET FOUNDATION INC354 STOCKTON ST PRINCETON, NJ 08540	22-2429563	501(C)(3)	5,000				FINANCIAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GARDEN STATE FORWARD 180 WEST STATE STREET TRENTON, NJ 08607		N/A	5,493,015				FINANCIAL SUPPORT
EDUCATION LAW CENTER 60 PARK PLACE SUITE 300 NEWARK, NJ 07102	22-2014555	501(C)(3)	550,000				FINANCIAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE COLLEGE OF NEW JERSEY FOUNDATION INC PO BOX 7718 EWING, NJ 08628	22-2448189	501(C)(3)	215,000				FINANCIAL SUPPORT
NEW JERSEY WORKING FAMILIES ALLIANCE30 CLINTON ST FLR 3 NEWARK, NJ 07102	30-0427821	501(C)(4)	250,000				FINANCIAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW JERSEY STATE AFL-CIO106 WEST STATE STREET TRENTON, NJ 08608	22-1153990	501(C)(5)	12,500				FINANCIAL SUPPORT
ONE NEW JERSEY INCPO BOX 748 NEW BRUNSWICK, NJ 08903		501(C)(4)	2,950,000				FINANCIAL SUPPORT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
NEW JERSEY EDUCATION ASSOCIATION

Employer identification number
21-0524390

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☑ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☑ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
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	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☑ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		
b	Any related organization?	5b		
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		
b	Any related organization?	6b		
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

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

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

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

Part III Supplemental Information

Complete this part to 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

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

Additional Data

Return to Form

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
BARBARA A KESHISHIAN	(i)	300,499	0	0	143,728	14,382	458,609	0
	(ii)	0	0	0	0	0	0	0
WENDELL F STEINHAUER	(i)	204,848	0	0	30,877	29,406	265,131	0
	(ii)	0	0	0	0	0	0	0
MARIE E BLISTAN	(i)	207,678	0	0	52,044	29,406	289,128	0
	(ii)	0	0	0	0	0	0	0
VINCENT E GIORDANO	(i)	521,871	0	0	371,414	31,015	924,300	0
	(ii)	0	0	0	0	0	0	0
TIMOTHY MCGUCKIN	(i)	237,939	0	0	-51,274	27,100	213,765	0
	(ii)	0	0	0	0	0	0	0
EDWARD RICHARDSON	(i)	221,787	0	0	-97,084	29,406	154,109	0
	(ii)	0	0	0	0	0	0	0
ZELLA FELZENBERG	(i)	254,419	0	0	-19,806	31,015	265,628	0
	(ii)	0	0	0	0	0	0	0
RICH GRAY	(i)	414,257	0	0	-84,064	31,015	361,208	0
	(ii)	0	0	0	0	0	0	0
GINGER GOLD SCHNITZER	(i)	226,815	0	0	-55,645	31,015	202,185	0
	(ii)	0	0	0	0	0	0	0
NANCY VOLPE-BERINGER	(i)	263,401	0	0	335,235	28,005	626,641	0
	(ii)	0	0	0	0	0	0	0
BRUCE IONNO	(i)	229,124	0	0	-278,808	31,015	-18,669	0
	(ii)	0	0	0	0	0	0	0
STEVE WOLLMER	(i)	224,733	0	0	59,404	22,377	306,514	0
	(ii)	0	0	0	0	0	0	0

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
NEW JERSEY EDUCATION ASSOCIATION

Employer identification number
21-0524390

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

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

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

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

Identifier	Return Reference	Explanation
	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 CONFLCIT 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

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	NEW JERSEY EDUCATION ASSOCIATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	FASB ASC 715 OTHER COMPREHENSIVE INCOME 80,901,847 ELIMINATION ENTRY NJEA CONTRIBUTION HURRICANE SANDY BACK TO SCHOOL 500,000

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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2012

Open to Public Inspection

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" to 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" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

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

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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? Yes	(h) Disproportionate allocations? No	(i) Code V–UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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	(i) Section 512 (b)(13) controlled entity? No

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

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

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NJEA POLITICAL ACTION COMMITTEE	R	998,807	CASH
(2) FEDERICK L HIPP FOUNDATION	B	50,000	CASH
(3) NJEA MEMBER BENEFIT FUND	C	1,015,000	CASH

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

Additional Data Return to Form

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

Part VII **Supplemental Information**

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

Identifier	Return Reference	Explanation	

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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

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

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
NEW JERSEY EDUCATION ASSOCIATION

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 $ 157,200,458

F Name and address of principal officer
WENDELL F STEINHAUER
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)

H(c) Group exemption number ▶

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

J Website: ▶ WWW NJEA ORG

K Form of organization ☐ Corporation ☐ Trust ☑ Association ☐ Other ▶ | **L** Year of formation 1853 | **M** State of legal domicile NJ

Part I Summary

Activities & Governance

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	51
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	426
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	286,227
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	8,759,048	6,118,520
9	Program service revenue (Part VIII, line 2g)	114,891,809	115,854,849
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,861,399	7,648,056
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,427	26,305
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	126,524,683	129,647,730

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	11,472,840	12,035,100
14	Benefits paid to or for members (Part IX, column (A), line 4)	1,145,301	52,890
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	63,948,625	61,333,508
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	46,712,522	55,090,661
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	123,279,288	128,512,159
19	Revenue less expenses Subtract line 18 from line 12	3,245,395	1,135,571

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	138,974,725	145,225,434
21	Total liabilities (Part X, line 26)	126,952,850	162,798,545
22	Net assets or fund balances Subtract line 21 from line 20	12,021,875	-17,573,111

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 — 2015-07-14 Date

SEAN M SPILLER SECRETARY-TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
LOUIS VERZELLA CPA		2015-07-08		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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE MISSION OF THE NEW JERSEY EDUCATION ASSOCIATION IS TO ADVANCE AND PROTECT THE RIGHTS, BENEFITS, AND INTERESTS OF MEMBERS, AND PROMOTE A QUALITY SYSTEM OF PUBLIC EDUCATION FOR ALL STUDENTS

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ including grants of $) (Revenue $)

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

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

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

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses ▶**

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		No
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3	Yes	
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	793		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	426		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	51		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶TIM MCGUCKIN 180 W STATE STREET PO BOX 1211
TRENTON, NJ 086071211 (609) 599-4561

Part 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			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								3,438,703	0	3,203,781

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 ▶128

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	6,118,520			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f	▶	6,118,520			
Program Service Revenue			Business Code				
	2a	MEMBERSHIP DUES	900099	114,116,470	114,116,470		
	b	CONFERENCES	900099	757,078	757,078		
	c	CONVENTION	900099	606,421	606,421		
	d	PUBLICATION INCOME	511190	286,227		286,227	
	e	ROYALTY INCOME	900099	88,653			88,653
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f	▶	115,854,849			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	▶	4,130,459			4,130,459
	4	Income from investment of tax-exempt bond proceeds	▶				
	5	Royalties	▶				
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)	▶				
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	31,063,325	7,000			
	b	Less cost or other basis and sales expenses	27,552,728	0			
	c	Gain or (loss)	3,510,597	7,000			
	d	Net gain or (loss)	▶	3,517,597			3,517,597
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events	▶				
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities	▶				
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory	▶				
		Miscellaneous Revenue	Business Code				
	11a	OTHER INCOME	900099	26,305			26,305
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a-11d	▶	26,305			
	12	**Total revenue.** See Instructions	▶	129,647,730	115,479,969	286,227	7,763,014

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	12,035,100			
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members	52,890			
5 Compensation of current officers, directors, trustees, and key employees	3,519,498			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	28,756,187			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	17,205,092			
9 Other employee benefits	9,737,372			
10 Payroll taxes	2,115,359			
11 Fees for services (non-employees)				
a Management				
b Legal	9,993,703			
c Accounting	86,500			
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	331,513			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,613,819			
12 Advertising and promotion	10,094,500			
13 Office expenses	5,340,385			
14 Information technology	1,546,173			
15 Royalties				
16 Occupancy	3,069,481			
17 Travel	3,270,830			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,262,988			
20 Interest				
21 Payments to affiliates	4,858,797			
22 Depreciation, depletion, and amortization	1,678,176			
23 Insurance	246,619			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a ORGANIZING EXPENSES	4,910,672			
b TRAINING PROG & SERV	3,020,783			
c COMMUNICATION EXPENSE	420,316			
d PUBLIC/GOVERNMENT RELAT	394,504			
e All other expenses	950,902			
25 **Total functional expenses.** Add lines 1 through 24e	128,512,159			
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		13,750,958	1	2,203,260
	2	Savings and temporary cash investments		10,540,742	2	10,187,722
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,442,676	4	1,117,462
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		30,933	8	30,943
	9	Prepaid expenses and deferred charges		3,123,621	9	950,019
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 29,476,475			
	b	Less accumulated depreciation	10b 15,315,212	14,420,580	10c	14,161,263
	11	Investments—publicly traded securities		94,527,090	11	115,234,818
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,138,125	15	1,339,947
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		138,974,725	16	145,225,434
Liabilities	17	Accounts payable and accrued expenses		5,364,734	17	6,104,031
	18	Grants payable			18	
	19	Deferred revenue		1,018,594	19	1,100,877
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		1,803,427	23	1,406,441
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		118,766,095	25	154,187,196
	26	**Total liabilities.** Add lines 17 through 25		126,952,850	26	162,798,545
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		11,996,875	27	-17,598,111
	28	Temporarily restricted net assets		25,000	28	25,000
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		12,021,875	33	-17,573,111
	34	Total liabilities and net assets/fund balances		138,974,725	34	145,225,434

Part XI Reconcilliation of Net Assets

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

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

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
EDWARD J RICHARDSON EXECUTIVE DIRECTOR	40 00	X						233,688	0	470,239
VINCENT E GIORDANO PAST EXECUTIVE DIRECTOR	40 00	X						491,879	0	107,183
JANET S BISCHAK EXECUTIVE COMMITTEE	2 00	X						2,860	0	0
STEPHEN V BOUCHARD EXECUTIVE COMMITTEE	2 00	X						3,203	0	0
RONALD G BURD EXECUTIVE COMMITTEE	2 00	X						4,360	0	0
JOSEPH F CHEFF EXECUTIVE COMMITTEE	2 00	X						2,860	0	0
LUCILLE A BLOOM EXECUTIVE COMMITTEE	2 00	X						3,362	0	0
GAYLE K FAULKNER EXECUTIVE COMMITTEE	2 00	X						2,860	0	0
BEVERLY A FIGLIOLI EXECUTIVE COMMITTEE	2 00	X						2,860	0	0
CARL E FRATZ EXECUTIVE COMMITTEE	2 00	X						3,860	0	0
TONI E GUERRA EXECUTIVE COMMITTEE	2 00	X						2,860	0	0
REGINA A ANDREWS-COLLETTE EXECUTIVE COMMITTEE	2 00	X						2,860	0	0
CHARLOTTE J BAYLEY EXECUTIVE COMMITTEE	2 00	X						2,860	0	0
ROBIN C HOLCOMBE EXECUTIVE COMMITTEE	2 00	X						2,860	0	0
SUSAN J DAVIS EXECUTIVE COMMITTEE	2 00	X						2,860	0	0
ROSEMARIE J JANKOWSKI EXECUTIVE COMMITTEE	2 00	X						3,226	0	0
MICHAEL E FRANK EXECUTIVE COMMITTEE	2 00	X						2,860	0	0
ANDREW M JACOBS EXECUTIVE COMMITTEE	2 00	X						2,860	0	0
MICHAEL J KRUCZEK EXECUTIVE COMMITTEE	2 00	X						3,859	0	0
DONNA MIRABELLI EXECUTIVE COMMITTEE	2 00	X						2,860	0	0
ARNETTA E JOHNSON EXECUTIVE COMMITTEE	2 00	X						2,860	0	0
TERESA J PURCELL EXECUTIVE COMMITTEE	2 00	X						4,354	0	0
VICTORIA D MCKEON EXECUTIVE COMMITTEE	2 00	X						2,860	0	0
LAURIE A SCHORNO EXECUTIVE COMMITTEE	2 00	X						2,860	0	0
KIMBERLY L SCOTT EXECUTIVE COMMITTEE	2 00	X						2,860	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANN MARGARET SHANNON EXECUTIVE COMMITTEE	2 00	X						2,860	0	0
ROY S TAMARGO EXECUTIVE COMMITTEE	2 00	X						2,860	0	0
JOHN P WARD EXECUTIVE COMMITTEE	2 00	X						2,860	0	0
CHRISTINE SAMPSON-CLARK EXECUTIVE COMMITTEE	2 00	X						2,998	0	0
MICHELE T YAKOPCIC EXECUTIVE COMMITTEE	2 00	X						3,911	0	0
LINDA K MARTINS EXECUTIVE COMMITTEE	2 00	X						2,860	0	0
ANITA SCHWARTZ EXECUTIVE COMMITTEE	2 00	X						2,637	0	0
MARY SUE FISCO EXECUTIVE COMMITTEE	2 00	X						2,860	0	0
SUSAN MCBRIDE EXECUTIVE COMMITTEE	2 00	X						2,860	0	0
ANDREW POLICASTRO EXECUTIVE COMMITTEE	2 00	X						3,943	0	0
ERIC L STINSON EXECUTIVE COMMITTEE	2 00	X						5,243	0	0
EDWARD YARUSINSKY EXECUTIVE COMMITTEE	2 00	X						2,860	0	0
LOIS YUKNA EXECUTIVE COMMITTEE	2 00	X						3,942	0	0
ALVIN WILLIAMS EXECUTIVE COMMITTEE	2 00	X						3,910	0	0
ANNETTE ALSTON EXECUTIVE COMMITTEE	2 00	X						0	0	0
COLLEEN S CURREN EXECUTIVE COMMITTEE	2 00	X						0	0	0
SUSAN C MANIGLIA EXECUTIVE COMMITTEE	2 00	X						0	0	0
HEIDI M OLSON EXECUTIVE COMMITTEE	2 00	X						0	0	0
PATRICIA A PROVNICK EXECUTIVE COMMITTEE	2 00	X						0	0	0
MARILYN W RYAN EXECUTIVE COMMITTEE	2 00	X						0	0	0
KAREN M BERRY EXECUTIVE COMMITTEE	2 00	X						0	0	0
JOYCE POWELL EXECUTIVE COMMITTEE	2 00	X						3,040	0	0
WENDELL F STEINHAUER PRESIDENT	40 00			X				245,948	0	208,421
MARIE E BLISTAN VICE PRESIDENT	40 00			X				212,510	0	145,057
SEAN M SPILLER SECRETARY-TREASURER	40 00			X				73,159	0	42,440

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BARBARA A KESHISHIAN IMMEDIATE PAST PRESIDENT	40 00			X				331,596	0	67,974
TIMOTHY MCGUCKIN BUSINESS DIRECTOR	40 00				X			247,498	0	220,277
RICH GRAY ASST EXECUTIVE DIRECTOR	40 00					X		331,913	0	389,226
GINGER GOLD SCHNITZER DIRECTOR, GOVERNMENT RELAT	40 00					X		239,752	0	281,841
ZELLA FELZENBERG ASSISTANT DIRECTOR, UNISER	40 00					X		273,310	0	385,007
BRUCE IONNO MANAGER INFORMATION SYSTEM	40 00					X		385,396	0	432,716
STEVE WOLLMER COMMUNICATIONS DIRECTOR	40 00					X		250,426	0	153,400

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

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	Employer identification number
NEW JERSEY EDUCATION ASSOCIATION	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		978,152

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period

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

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

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

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

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

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

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

Part IV Supplemental Information

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

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

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493196000205

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
NEW JERSEY EDUCATION ASSOCIATION

Employer identification number
21-0524390

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

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

5 Did the organization inform all donors and donor 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" to 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
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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" to 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) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

2 If the organization received or held works of art, 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 Revenues included in 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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

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

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

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

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	2,406,200	2,347,804	2,353,802	2,131,585	2,152,737
b Contributions				175,560	67,091
c Net investment earnings, gains, and losses	247,371	58,396	-5,998	46,657	-88,243
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	2,653,571	2,406,200	2,347,804	2,353,802	2,131,585

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

a Board designated or quasi-endowment ▶
b Permanent endowment ▶
c Temporarily restricted endowment ▶
The percentages in lines 2a, 2b, and 2c should equal 100%

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)	Yes	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	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' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,081,797		1,081,797
b Buildings		20,048,880	9,623,243	10,425,637
c Leasehold improvements				
d Equipment		6,227,460	3,975,266	2,252,194
e Other		2,118,338	1,716,703	401,635
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				14,161,263

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12.)* ▶		

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13.)* ▶		

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

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

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

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

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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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," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990**

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

OMB No 1545-0047

2013

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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

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

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

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 9

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

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

Additional Data

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EDUCATION LAW CENTER 60 PARK PLACE SUITE 300 NEWARK,NJ 07102	22-2014556	501(C)(3)	553,500				FINANCIAL SUPPORT

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
NEW JERSEY EDUCATION ASSOCIATION

Employer identification number
21-0524390

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☑ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☑ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
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	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☑ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		
b	Any related organization?	5b		
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		
b	Any related organization?	6b		
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

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

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

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

Part III Supplemental Information

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

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

Additional Data

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

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

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

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
NEW JERSEY EDUCATION ASSOCIATION

Employer identification number
21-0524390

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

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

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

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

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

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

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	NEW JERSEY EDUCATION ASSOCIATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

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

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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2013

Open to Public Inspection

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.

(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	(g) Section 512(b)(13) controlled entity? No
See Additional Data Table							

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? Yes	(h) Disproportionate allocations? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership

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	(i) Section 512 (b)(13) controlled entity? No

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NJEA POLITICAL ACTION COMMITTEE	R	978,152	CASH
(2) FEDERICK L HIPP FOUNDATION	B	50,000	CASH
(3) NJEA MEMBER BENEFIT FUND	C	33,000	CASH

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) NEW JERSEY EDUCATION ASSOCIATION HEALTH AND WELFARE BENEFITS TRUST 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 91-2003765	HEALTH AND WELFARE BENEFITS	NJ	501(C)(9)				No
(1) PAUL DIMITRIADIS RIGHTS FUND 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 22-2306050	LABOR ORGANIZATION	NJ	501(C)(5)				No
(2) NJEA BOLIVAR GRAHAM INTERN FUND 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 22-2165927	CHARITABLE ORGANIZATION	NJ	501(C)(3)	509(A)(3)			No
(3) NJEA EMPLOYEES' RETIREMENT TRUST FUND 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 21-0524390	PENSION FUND	NJ	401(A)/501(A)				No
(4) NJEA SUPPLEMENTAL SAVINGS PLAN 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 21-0524390	PENSION FUND	NJ	401(A)/501(A)				No
(5) NJEA POLITICAL ACTION COMMITTEE 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 22-2911965	POLITICAL ACTION COMMITTEE	NJ	SECTION 527				No
(6) FEDERICK L HIPP FOUNDATION 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 22-3277861	CHARITABLE ORGANIZATION	NJ	501(C)(3)	170(B)(1)(A)(VI)			No
(7) NJEA MEMBER BENEFIT FUND 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 13-4270499	WELFARE BENEFIT FUND	NJ	501(C)(9)				No
(8) GARDEN STATE FORWARD 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 46-2383979	POLITICAL ACTION COMMITTEE	NJ	SECTION 527				No

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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 09-01-2014 , and ending 08-31-2015

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 $ 164,752,898

F Name and address of principal officer
WENDELL F STEINHAUER
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)

H(c) Group exemption number ▶

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

J Website: ▶ WWW NJEA ORG

K Form of organization ☐ Corporation ☐ Trust ☑ Association ☐ Other ▶

L Year of formation 1853

M State of legal domicile NJ

Part I Summary

Activities & Governance

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	41
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	535
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	339,192
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	6,118,520	5,955,527
9	Program service revenue (Part VIII, line 2g)	115,854,849	119,953,164
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,648,056	8,476,406
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	26,305	32,058
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	129,647,730	134,417,155

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	12,035,100	3,430,476
14	Benefits paid to or for members (Part IX, column (A), line 4)	52,890	12,000
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	61,333,508	57,822,342
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	55,090,661	60,010,531
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	128,512,159	121,275,349
19	Revenue less expenses Subtract line 18 from line 12	1,135,571	13,141,806

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	145,225,434	143,642,268
21	Total liabilities (Part X, line 26)	162,798,545	169,709,692
22	Net assets or fund balances Subtract line 21 from line 20	-17,573,111	-26,067,424

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 — 2016-07-12 Date

SEAN M SPILLER SECRETARY-TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
LOUIS VERZELLA CPA	LOUIS VERZELLA CPA	2016-06-23		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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE MISSION OF THE NEW JERSEY EDUCATION ASSOCIATION IS TO ADVANCE AND PROTECT THE RIGHTS, BENEFITS, AND INTERESTS OF MEMBERS, AND PROMOTE A QUALITY SYSTEM OF PUBLIC EDUCATION FOR ALL STUDENTS

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ including grants of $) (Revenue $)

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

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

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

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses ▶**

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		No
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3	Yes	
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	315		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	535		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	41		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶

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

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

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

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

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

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

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

(A) Name and Title	(B) 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			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			

1b	**Sub-Total** ▶			
c	**Total from continuation sheets to Part VII, Section A** ▶			
d	**Total (add lines 1b and 1c)** ▶	3,614,321	0	1,685,505

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 ▶134

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NEW MEDIA FIRM 1730 RHODE ISLAND AVE NW STE 213 WASHINGTON, DC 20036	CONSULTANT	6,375,360
ZAZZALI FAGELLA NOWAK KLEINBAUM & FREI ONE RIVER FRONT PLAZA STE 320 NEWARK, NJ 07102	LEGAL SERVICES	1,687,804
SELIKOFF & COHEN PA 700 EAST GATE DRIVE SUITE 502 MT LAUREL, NJ 08054	LEGAL SERVICES	1,582,338
CARUSO SMITH EDELL PICINI PC 60 ROUTE 46 EAST FAIRFIELD, NJ 07004	LEGAL SERVICES	1,307,831
HILTON-EAST BRUNSWICK 3 TOWER CENTER BLVD EAST BRUNSWICK, NJ 08816	CONFERENCE/MEETING SERVICES	1,277,208

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 ▶96

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,955,527			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f	▶	5,955,527			
Program Service Revenue			Business Code				
	2a	MEMBERSHIP DUES	900099	118,042,032	118,042,032		
	b	CONFERENCES	900099	831,067	831,067		
	c	CONVENTION	900099	640,644	640,644		
	d	PUBLICATION INCOME	511190	339,192		339,192	
	e	ROYALTY INCOME	900099	100,229			100,229
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f	▶	119,953,164			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	▶	5,632,770			5,632,770
	4	Income from investment of tax-exempt bond proceeds	▶				
	5	Royalties	▶				
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)	▶				
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	33,054,169	125,210			
	b	Less cost or other basis and sales expenses	30,301,844	33,899			
	c	Gain or (loss)	2,752,325	91,311			
	d	Net gain or (loss)	▶	2,843,636			2,843,636
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events	▶				
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities	▶				
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory	▶				
		Miscellaneous Revenue	Business Code				
	11a	OTHER INCOME	900099	32,058			32,058
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a-11d	▶	32,058			
	12	**Total revenue.** See Instructions	▶	134,417,155	119,513,743	339,192	8,608,693

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	3,430,476			
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members	12,000			
5 Compensation of current officers, directors, trustees, and key employees	2,942,999			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	29,781,055			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	13,321,940			
9 Other employee benefits	9,610,746			
10 Payroll taxes	2,165,602			
11 Fees for services (non-employees)				
a Management				
b Legal	11,686,343			
c Accounting	155,700			
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	334,582			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,230,715			
12 Advertising and promotion	9,145,633			
13 Office expenses	4,447,135			
14 Information technology	1,711,715			
15 Royalties				
16 Occupancy	3,022,490			
17 Travel	3,384,654			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,560,977			
20 Interest				
21 Payments to affiliates	4,864,536			
22 Depreciation, depletion, and amortization	1,818,369			
23 Insurance	222,162			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a TRAINING PROG & SERV	5,695,954			
b ORGANIZING EXPENSES	5,507,508			
c PUBLIC/GOVERNMENT RELAT	796,459			
d COMMUNICATION EXPENSE	490,073			
e All other expenses	935,526			
25 **Total functional expenses.** Add lines 1 through 24e	121,275,349			
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		2,203,260	1	13,194,797
	2	Savings and temporary cash investments		10,187,722	2	2,242,959
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,117,462	4	641,719
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		30,943	8	71,091
	9	Prepaid expenses and deferred charges		950,019	9	731,432
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 31,933,557			
	b	Less accumulated depreciation	10b 17,052,723	14,161,263	10c	14,880,834
	11	Investments—publicly traded securities		115,234,818	11	102,555,478
	12	Investments—other securities See Part IV, line 11			12	7,444,940
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,339,947	15	1,879,018
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		145,225,434	16	143,642,268
Liabilities	17	Accounts payable and accrued expenses		6,104,031	17	6,760,133
	18	Grants payable			18	
	19	Deferred revenue		1,100,877	19	1,086,351
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		1,406,441	23	993,344
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		154,187,196	25	160,869,864
	26	**Total liabilities.** Add lines 17 through 25		162,798,545	26	169,709,692
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		-17,598,111	27	-26,092,424
	28	Temporarily restricted net assets		25,000	28	25,000
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		-17,573,111	33	-26,067,424
	34	Total liabilities and net assets/fund balances		145,225,434	34	143,642,268

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	134,417,155
2	Total expenses (must equal Part IX, column (A), line 25)	2	121,275,349
3	Revenue less expenses Subtract line 2 from line 1	3	13,141,806
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-17,573,111
5	Net unrealized gains (losses) on investments	5	-10,279,937
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-11,356,182
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-26,067,424

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JANET S BISCHAK EXECUTIVE COMMITTEE	2.00	X						2,860	0	0
(1) STEPHEN V BOUCHARD EXECUTIVE COMMITTEE	2.00	X						3,334	0	0
(2) RONALD G BURD EXECUTIVE COMMITTEE	2.00	X						2,989	0	0
(3) JOSEPH F CHEFF EXECUTIVE COMMITTEE	2.00	X						3,377	0	0
(4) GAYLE K FAULKNER EXECUTIVE COMMITTEE	2.00	X						2,860	0	0
(5) BEVERLY A FIGLIOLI EXECUTIVE COMMITTEE	2.00	X						2,860	0	0
(6) REGINA A ANDREWS-COLLETTE EXECUTIVE COMMITTEE	2.00	X						2,860	0	0
(7) CHARLOTTE J BAYLEY EXECUTIVE COMMITTEE	2.00	X						2,860	0	0
(8) ROBIN C HOLCOMBE EXECUTIVE COMMITTEE	2.00	X						2,860	0	0
(9) SUSAN J DAVIS EXECUTIVE COMMITTEE	2.00	X						2,860	0	0
(10) MICHAEL E FRANK EXECUTIVE COMMITTEE	2.00	X						3,238	0	0
(11) ANDREW M JACOBS EXECUTIVE COMMITTEE	2.00	X						2,860	0	0
(12) DONNA MIRABELLI EXECUTIVE COMMITTEE	2.00	X						2,860	0	0
(13) VICTORIA D MCKEON EXECUTIVE COMMITTEE	2.00	X						2,860	0	0
(14) LAURIE A SCHORNO EXECUTIVE COMMITTEE	2.00	X						2,860	0	0
(15) KIMBERLY L SCOTT EXECUTIVE COMMITTEE	2.00	X						2,860	0	0
(16) ANN MARGARET SHANNON EXECUTIVE COMMITTEE	2.00	X						2,860	0	0
(17) ROY S TAMARGO EXECUTIVE COMMITTEE	2.00	X						2,860	0	0
(18) CHRISTINE SAMPSON-CLARK EXECUTIVE COMMITTEE	2.00	X						2,860	0	0
(19) FRANK E TOTH EXECUTIVE COMMITTEE	2.00	X						0	0	0
(20) LINDA K MARTINS EXECUTIVE COMMITTEE	2.00	X						2,860	0	0
(21) ANITA SCHWARTZ EXECUTIVE COMMITTEE	2.00	X						2,860	0	0
(22) MARY SUE FISCO EXECUTIVE COMMITTEE	2.00	X						2,860	0	0
(23) SUSAN MCBRIDE EXECUTIVE COMMITTEE	2.00	X						2,860	0	0
(24) ANDREW POLICASTRO EXECUTIVE COMMITTEE	2.00	X						2,860	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) ERIC L STINSON EXECUTIVE COMMITTEE	2 00	X						2,860	0	0
(1) EDWARD YARUSINSKY EXECUTIVE COMMITTEE	2 00	X						2,860	0	0
(2) LOIS YUKNA EXECUTIVE COMMITTEE	2 00	X						0	0	0
(3) ALVIN WILLIAMS EXECUTIVE COMMITTEE	2 00	X						2,860	0	0
(4) ASHANTI T RANKIN EXECUTIVE COMMITTEE	2 00	X						0	0	0
(5) GARY P MELTON EXECUTIVE COMMITTEE	2 00	X						0	0	0
(6) SUSAN C MANIGLIA EXECUTIVE COMMITTEE	2 00	X						2,953	0	0
(7) HEIDI M OLSON EXECUTIVE COMMITTEE	2 00	X						2,860	0	0
(8) PATRICIA A PROVNICK EXECUTIVE COMMITTEE	2 00	X						3,261	0	0
(9) MARILYN WEEKS-RYAN EXECUTIVE COMMITTEE	2 00	X						2,860	0	0
(10) JOYCE POWELL EXECUTIVE COMMITTEE	2 00	X						2,860	0	0
(11) WENDELL F STEINHAUER PRESIDENT	40 00			X				317,743	0	173,591
(12) MARIE E BLISTAN VICE PRESIDENT	40 00			X				218,055	0	118,402
(13) SEAN M SPILLER SECRETARY-TREASURER	40 00			X				216,049	0	65,410
(14) EDWARD J RICHARDSON EXECUTIVE DIRECTOR	40 00				X			328,701	0	259,324
(15) STEVE SWETSKY ASSISTANT EXECUTIVE DIRECTOR	40 00				X			300,405	0	216,183
(16) TIMOTHY MCGUCKIN BUSINESS DIRECTOR	40 00				X			260,898	0	88,089
(17) MATTHEW DIRADO HR MANAGER	40 00				X			209,455	0	61,296
(18) GINGER GOLD SCHNITZER DIRECTOR, GOVERNMENT RELAT	40 00					X		240,631	0	116,436
(19) ZELLA FELZENBERG ASSISTANT DIRECTOR, UNISER	40 00					X		278,359	0	148,510
(20) CARMEN GONZALEZ GANNON ASSISTANT DIRECTOR, UNISER	40 00					X		247,363	0	184,923
(21) STEVE WOLLMER COMMUNICATIONS DIRECTOR	40 00					X		255,836	0	123,722
(22) MICHAEL COHAN DIRECTOR, PROFESSIONAL DEVELOPMENT	40 00					X		246,848	0	129,619
(23) BARBARA A KESHISHIAN IMMEDIATE PAST PRESIDENT	40 00						X	159,254	0	0
(24) VINCENT E GIORDANO PAST EXECUTIVE DIRECTOR	40 00						X	241,212	0	0

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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.

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2014

Open to Public Inspection

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (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	Employer identification number
NEW JERSEY EDUCATION ASSOCIATION	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		951,700

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, 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

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
NEW JERSEY EDUCATION ASSOCIATION

Employer identification number
21-0524390

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	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" to 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
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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" to 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 in Form 990, Part VIII, line 1 ▶ $ _____

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

2 If the organization received or held works of art, 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 in 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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

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

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" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	2,653,571	2,406,200	2,347,804	2,353,802	2,131,585
b Contributions	92,739				175,560
c Net investment earnings, gains, and losses	-232,700	247,371	58,396	-5,998	46,657
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	2,513,610	2,653,571	2,406,200	2,347,804	2,353,802

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

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

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)	Yes	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	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' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,072,813		1,072,813
b Buildings		19,943,106	10,267,358	9,675,748
c Leasehold improvements				
d Equipment		8,799,300	4,938,763	3,860,537
e Other		2,118,338	1,846,602	271,736
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . . . . ▶				14,880,834

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) SEI CORE PROPERTY FUND - R/E	7,444,940	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12.)* ▶	7,444,940	

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13.)* ▶		

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

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

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
ACCRUED VACATION & SICK PAY	5,861,561
DEFERRED COMPENSATION	1,207,291
ACCRUED POSTRETIREMENT BENEFITS	105,316,743
ACCRUED PENSION COST	47,911,777
CURRENT MATURITY OF CAPITAL LEASE OBLIGATIONS	190,958
DUE TO NATIONAL EDUCATION ASSOCIATION	180,843
OTHER CURRENT LIABILITIES	200,691
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	160,869,864

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

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

1	Total revenue, gains, and other support per audited financial statements			1	123,711,325
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-10,279,937		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	-10,279,937
3	Subtract line **2e** from line **1**			3	133,991,262
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	334,582		
b	Other (Describe in Part XIII)	4b	91,311		
c	Add lines **4a** and **4b**			4c	425,893
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	134,417,155

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

1	Total expenses and losses per audited financial statements			1	120,849,456
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	-91,311		
e	Add lines **2a** through **2d**			2e	-91,311
3	Subtract line **2e** from line **1**			3	120,940,767
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	334,582		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	334,582
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	121,275,349

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	THE FOUNDATION WAS ORGANIZED EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL PURPOSES, TO ADVANCE AND IMPROVE THE QUALITY OF EDUCATION AND THE TEACHING PROFESSION IN NEW JERSEY THROUGH THE STUDY, CREATION AND FUNDING OF INNOVATIVE PROGRAMS OR PROJECTS WHICH WILL FURTHER EDUCATIONAL AND INSTRUCTIONAL EXCELLENCE
PART X, LINE 2	MANAGEMENT EVALUATED NJEA'S TAX POSITIONS AND CONCLUDED THAT NJEA HAD MAINTAINED ITS TAX EXEMPT STATUS AND HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS AT THE PRESENT TIME, NJEA IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY U S FEDERAL, STATE, OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2010
PART XI, LINE 4B - OTHER ADJUSTMENTS	GAIN ON SALE OF FIXED ASSETS 92,376 LOSS ON DISPOSAL OF FIXED ASSETS -1,065
PART XII, LINE 2D - OTHER ADJUSTMENTS	LOSS ON DISPOSAL OF FIXED ASSET 1,065 GAIN ON DISPOSAL OF FIXED ASSETS -92,376

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493194004116

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," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

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" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of 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							

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" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

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.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AFRICAN AMERICAN HERITAGE PARADEPO BOX 1104 NEWARK,NJ 07101		N/A	75,000				FINANCIAL SUPPORT
AMERICA'S AGENDA HEALTHCARE FOR ALL INC 1025 CONNETICUT AVENUE STE 907 WASHINGTON,DC 20036	20-0682634	501(C)(4)	50,000				FINANCIAL SUPPORT
BOYS & GIRLS CLUB OF CAMDEN COUNTY INC1709 PARK BLVD CAMDEN,NJ 08103	22-3670025	501(C)(3)	30,000				FINANCIAL SUPPORT FOR RA GIVEAWAY PLEDGE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BOYS & GIRLS CLUB OF NJ 822 CLIFTON AVE CLIFTON, NJ 07012	22-1589377	501(C)(3)	15,000				FINANCIAL SUPPORT
BOYS & GIRLS CLUB OF PATERSON AND PASSAIC INC264 21ST AVENUE PATERSON, NJ 07501	22-1726665	501(C)(3)	30,000				FINANCIAL SUPPORT
BOYS & GIRLS CLUB OF TRENTON & MERCER COUNTY INC212 CENTRE STREET TRENTON, NJ 08611	21-0634556	501(C)(3)	30,000				FINANCIAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CENTER FOR HOLOCAUST HUMAN RIGHTS & GENOCIDE EDUCATION INC765 NEWMAN SPRINGS ROAD LINCROFT,NJ 07738	46-1050829	501(C)(3)	5,000				FINANCIAL SUPPORT
DRUMTHWACKET FOUNDATION INC354 STOCKTON ST PRINCETON,NJ 08540	22-2429563	501(C)(3)	5,000				FINANCIAL SUPPORT
FREEDOM FEST STATE FAIR INC71 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDUCATION LAW CENTER 60 PARK PLACE SUITE 300 NEWARK,NJ 07102	22-2014555	501(C)(3)	528,500				FINANCIAL SUPPORT
EMERGE NEW JERSEYPO BOX 442 TOWACO,NJ 07082		N/A	20,000				FINANCIAL SUPPORT
GARDEN STATE FORWARD 180 WEST STATE STREET TRENTON,NJ 08607	46-2383979	N/A	430,000				ORGANIZATIONAL CONTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GLSEN INC110 WILLIAM STREET NEW YORK, NY 10038	04-3234202	501(C)(3)	15,000				FINANCIAL SUPPORT
KOMEN BREAST CANCER FOUNDATIONTWO PRINCESS ROAD SUITE D LAWRENCEVILLE, NJ 08648	43-2052349	501(C)(3)	30,000				FINANCIAL SUPPORT
NATIONAL CENTER FOR FAIR AND OPEN TESTING PO BOX 300204 JAMAICA PLAIN, MA 02130	22-2653502	501(C)(3)	5,000				FINANCIAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL EDUCATION ASSOCIATION1201 16TH ST NW STE 416 WASHINGTON, DC 20036	53-0115260	501(C)(5)	10,000				FINANCIAL SUPPORT
NJ SPOTLIGHTCOM LLC35 KNOX HILL ROAD MORRISTOWN, NJ 07963	27-2654443	N/A	5,000				FINANCIAL SUPPORT
NEW JERSEY CITIZEN ACTION744 BROAD STREET NEWARK, NJ 07102	22-2395222	501(C)(4)	5,000				FINANCIAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW JERSEY WORKING FAMILIES ALLIANCE30 CLINTON STREET 3RD FL NEWARK,NJ 07102	30-0427821	501(C)(4)	177,500				FINANCIAL SUPPORT
NEW JERSEY PTA8 QUAKERBRIDGE PLAZA STE F MERCERVILLE,NJ 08619	23-7210248	501(C)(3)	10,000				FINANCIAL SUPPORT
NJ BLACK ISSUES CONVENTION INCPO BOX 1843 NEWARK,NJ 07101	22-2532996	501(C)(3)	17,500				FINANCIAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NJ CENTER FOR TEACHING AND LEARNING115 FRANKLIN TURNPIKE 203 MAHWAH,NJ 07430	77-0667571	501(C)(3)	755,000				FINANCIAL SUPPORT
NEW VENTURE FUND1201 CONNECTICUT AVENUE NW STE 300 WASHINGTON,DC 20036	20-5806345	501(C)(3)	10,000				FINANCIAL SUPPORT
NICKY FIFTH FOUNDATION INC415 RT 68 COLUMBUS,NJ 08022	47-4053239	501(C)(3)	105,000				FINANCIAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NJ COALITION FOR INCLUSIVE ED9H AUER CT WILLIAMSBURG OFFICE EAST BRUNSWICK, NJ 08816	22-3389917	501(C)(3)	5,000				FINANCIAL SUPPORT
NJ COMMISSION FOR HOLOCAUST EDUCATION 29 PONY LANE FLEMINGTON, NJ 08822		GOVERNMENTAL AGENCY	50,000				FINANCIAL SUPPORT
NJ HALL OF FAME (TICKETS)4 RIDGE RD LEBANON, NJ 08833	22-3291935	501(C)(3)	37,500				FINANCIAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NJ POLICY PERSPECTIVE INC137 W HANOVER STREET TRENTON,NJ 08618	22-3492715	501(C)(3)	125,000				FINANCIAL SUPPORT
NJ STATE FMBA FOUNDATION1447 CAMPBELL ST RAHWAY,NJ 07065	22-3596208	501(C)(3)	6,250				FINANCIAL SUPPORT
PULSENJPO BOX 22645 NEWARK,NJ 07101	22-2751863	N/A	5,000				FINANCIAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NJASECD (EIRC FOUNDATION)107 GILBRETH PKWY SUITE 200 MULLICA HILL,NJ 08062	23-3829911	501(C)(3)	10,000				FINANCIAL SUPPORT
PROJECT RE-DIRECTYOUTH & FAMILY PO BOX 3223 NEWARK,NJ 07102	22-3465029	501(C)(3)	7,500				FINANCIAL SUPPORT
RUTGERS UNIVERSITY FOUNDATION7 COLLEGE AVENUE WINANTS HALL NEW BRUNSWICK,NJ 08901	23-7318742	501(C)(3)	50,000				FINANCIAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOCIETY FOR PREVENTION OF TEEN SUICIDE INC111 WEST MAIN STREET FREEHOLD,NJ 07728	06-1738917	501(C)(3)	5,000				FINANCIAL SUPPORT
STATEWIDE PARENT ADVOCACY NETWORK INC 35 HALSEY STREET 4TH FL NEWARK,NJ 07102	22-2868501	501(C)(3)	8,469				FINANCIAL SUPPORT
SUSTAINABLE JERSEY A NJ NONPROFIT CORPORATION2000 PENNINGTON ROAD EWING,NJ 08618	45-3848336	501(C)(3)	50,000				FINANCIAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE COMMUNITY FOUNDATION OF NJ35 KNOX HILL ROAD MORRISTOWN, NJ 07963	22-2281783	501(C)(3)	30,000				PROFESSIONAL DEVELOPMENT SYSTEMS
THE COLLEGE OF NEW JERSEY FOUNDATION INC 2000 PENNINGTON ROAD EWING, NJ 08628	22-2448189	501(C)(3)	215,000				FINANCIAL SUPPORT
THE GI GO FUNDPO BOX 1777 NEW BRUNSWICK, NJ 08903	20-4990937	501(C)(3)	10,000				FINANCIAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE LATINO INSTITUTE INC50 PARK PLACE SUITE 1539 NEWARK,NJ 07102	20-1516874	501(C)(3)	200,000				FINANCIAL SUPPORT
THE NEA FOUNDATION 1201 16TH ST NW STE 416 WASHINGTON,DC 20036	23-7035089	501(C)(3)	10,000				FINANCIAL SUPPORT
NJEA AFFILIATES RISK GROUP180 WEST STATE STREET TRENTON,NJ 08607	47-2729925	501(C)(3)	145,464				FINANCIAL SUPPORT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
NEW JERSEY EDUCATION ASSOCIATION

Employer identification number
21-0524390

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☑ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☑ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
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	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☑ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		
b	Any related organization?	5b		
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		
b	Any related organization?	6b		
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	AS PART OF THEIR COMPENSATION ARRANGEMENTS THE OFFICERS OF NJEA RECEIVE THE FOLLOWING 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 in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
WENDELL F STEINHAUER, PRESIDENT	(i)	317,743	0	0	140,898	32,693	491,334	0
	(ii)	0	0	0	0	0	0	0
MARIE E BLISTAN, VICE PRESIDENT	(i)	218,055	0	0	85,709	32,693	336,457	0
	(ii)	0	0	0	0	0	0	0
SEAN M SPILLER, SECRETARY-TREASURER	(i)	216,049	0	0	32,717	32,693	281,459	0
	(ii)	0	0	0	0	0	0	0
EDWARD J RICHARDSON, EXECUTIVE DIRECTOR	(i)	328,701	0	0	225,450	33,874	588,025	0
	(ii)	0	0	0	0	0	0	0
STEVE SWETSKY, ASSISTANT EXECUTIVE DIRECTOR	(i)	300,405	0	0	183,490	32,693	516,588	0
	(ii)	0	0	0	0	0	0	0
TIMOTHY MCGUCKIN, BUSINESS DIRECTOR	(i)	260,898	0	0	70,354	17,735	348,987	0
	(ii)	0	0	0	0	0	0	0
MATTHEW DIRADO, HR MANAGER	(i)	209,455	0	0	28,603	32,693	270,751	0
	(ii)	0	0	0	0	0	0	0
GINGER GOLD SCHNITZER, DIRECTOR, GOVERNMENT RELAT	(i)	240,631	0	0	83,743	32,693	357,067	0
	(ii)	0	0	0	0	0	0	0
ZELLA FELZENBERG, ASSISTANT DIRECTOR, UNISER	(i)	278,359	0	0	115,817	32,693	426,869	0
	(ii)	0	0	0	0	0	0	0
CARMEN GONZALEZ GANNON, ASSISTANT DIRECTOR, UNISER	(i)	247,363	0	0	152,230	32,693	432,286	0
	(ii)	0	0	0	0	0	0	0
STEVE WOLLMER, COMMUNICATIONS DIRECTOR	(i)	255,836	0	0	91,029	32,693	379,558	0
	(ii)	0	0	0	0	0	0	0
MICHAEL COHAN, DIRECTOR, PROFESSIONAL DEVELOPMENT	(i)	246,848	0	0	96,926	32,693	376,467	0
	(ii)	0	0	0	0	0	0	0
BARBARA A KESHISHIAN, IMMEDIATE PAST PRESIDENT	(i)	159,254	0	0	0	0	159,254	0
	(ii)	0	0	0	0	0	0	0
VINCENT E GIORDANO, PAST EXECUTIVE DIRECTOR	(i)	241,212	0	0	0	0	241,212	0
	(ii)	0	0	0	0	0	0	0

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2014

Open to Public Inspection

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

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

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

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

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

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

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

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	NEW JERSEY EDUCATION ASSOCIATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

Return Reference	Explanation
FORM 990, PART XI, LINE 9	FASB ASC 715 OTHER COMPREHENSIVE INCOME -11,356,182

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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2014

Open to Public Inspection

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.

(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	(g) No
See Additional Data Table							

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.

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete 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	951,700	CASH
(2) GARDEN STATE FORWARD	B	430,000	CASH
(3) NJEA AFFILIATES RISK GROUP	B	145,464	CASH

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1) NEW JERSEY EDUCATION ASSOCIATION HEALTH AND WELFARE BENEFITS TRUST 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 91-2003765	HEALTH AND WELFARE BENEFITS	NJ	501(C)(9)				No
(1) PAUL DIMITRIADIS RIGHTS FUND 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 22-2306050	LABOR ORGANIZATION	NJ	501(C)(5)				No
(2) NJEA BOLIVAR GRAHAM INTERN FUND 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 22-2165927	CHARITABLE ORGANIZATION	NJ	501(C)(3)	509(A)(3)			No
(3) NJEA EMPLOYEES' RETIREMENT TRUST FUND 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 21-0524390	PENSION FUND	NJ	401(A)/501(A)				No
(4) NJEA SUPPLEMENTAL SAVINGS PLAN 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 21-0524390	PENSION FUND	NJ	401(A)/501(A)				No
(5) NJEA POLITICAL ACTION COMMITTEE 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 22-2911965	POLITICAL ACTION COMMITTEE	NJ	SECTION 527				No
(6) FEDERICK L HIPP FOUNDATION 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 22-3277861	CHARITABLE ORGANIZATION	NJ	501(C)(3)	170(B)(1)(A)(VI)			No
(7) NJEA MEMBER BENEFIT FUND 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 13-4270499	WELFARE BENEFIT FUND	NJ	501(C)(9)				No
(8) GARDEN STATE FORWARD 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 46-2383979	POLITICAL ACTION COMMITTEE	NJ	SECTION 527				No
(9) NJEA AFFILIATES RISK GROUP 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 47-2729925	CHARITABLE ORGANIZATION	NJ	501(C)(3)				No

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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 09-01-2015 , and ending 08-31-2016

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 $ 150,461,439

F Name and address of principal officer
WENDELL F STEINHAUER
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)

H(c) Group exemption number ▶

I Tax-exempt status: ☐ 501(c)(3) ☑ 501(c) (5) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.NJEA.ORG

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

Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	40
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	583
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	313,493
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	5,955,527	7,776,170
	9 Program service revenue (Part VIII, line 2g)	119,953,164	123,114,257
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,476,406	4,825,609
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	32,058	38,459
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	134,417,155	135,754,495
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,430,476	7,278,781
	14 Benefits paid to or for members (Part IX, column (A), line 4)	12,000	52,515
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	57,822,342	66,193,499
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	60,010,531	59,119,747
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	121,275,349	132,644,542
	19 Revenue less expenses. Subtract line 18 from line 12	13,141,806	3,109,953

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	143,642,268	148,127,950
	21 Total liabilities (Part X, line 26)	169,709,692	230,831,734
	22 Net assets or fund balances. Subtract line 21 from line 20	-26,067,424	-82,703,784

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 — 2017-07-17 Date

SEAN M SPILLER SECRETARY-TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Louis Verzella CPA	Louis Verzella CPA	2017-07-10		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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ including grants of $) (Revenue $)

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
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		No
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3	Yes	
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

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

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	363		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	583		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

Part VI Governance, Management, and Disclosure

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	40		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ACCOUNTING MANAGER 180 W STATE STREET PO BOX 1211 TRENTON, NJ 086071211 (609) 599-4561

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)*

(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										

1b	**Sub-Total** ▶			
c	**Total from continuation sheets to Part VII, Section A** ▶			
d	**Total (add lines 1b and 1c)** ▶	3,683,181	0	3,955,620

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 ▶ 140

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NEW MEDIA FIRM 1730 RHODE ISLAND AVE NW STE 213 WASHINGTON, DC 20036	CONSULTANT	9,885,364
CARUSO SMITH EDELL PICINI PC 60 ROUTE 46 EAST FAIRFIELD, NJ 07004	LEGAL SERVICES	2,571,206
ZAZZALI FAGELLA NOWAK KLEINBAUM & FREI ONE RIVER FRONT PLAZA STE 320 NEWARK, NJ 07102	LEGAL SERVICES	1,996,838
SELIKOFF & COHEN PA 700 East Gate Drive Suite 502 MT LAUREL, NJ 08054	LEGAL SERVICES	1,947,542
HILTON-EAST BRUNSWICK 3 TOWER CENTER BLVD EAST BRUNSWICK, NJ 08816	CONFERENCE/MEETING SERVICES	1,695,353

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 ▶ 87

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	7,776,170			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f	▶	7,776,170			
Program Service Revenue			Business Code				
	2a	MEMBERSHIP DUES	900099	121,249,690	121,249,690		
	b	CONFERENCES	900099	850,731	850,731		
	c	CONVENTION	900099	611,533	611,533		
	d	PUBLICATION INCOME	511190	313,493		313,493	
	e	ROYALTY INCOME	900099	88,810			88,810
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f	▶	123,114,257			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	▶	4,484,288			4,484,288
	4	Income from investment of tax-exempt bond proceeds	▶				
	5	Royalties	▶				
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)	▶				
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	15,048,265				
	b	Less cost or other basis and sales expenses	14,706,944				
	c	Gain or (loss)	341,321				
	d	Net gain or (loss)	▶	341,321			341,321
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events	▶				
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities	▶				
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory	▶				
		Miscellaneous Revenue	Business Code				
	11a	OTHER INCOME	900099	38,459			38,459
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a-11d	▶	38,459			
	12	**Total revenue.** See Instructions	▶	135,754,495	122,711,954	313,493	4,952,878

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	7,278,781			
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	52,515			
5	Compensation of current officers, directors, trustees, and key employees	4,352,732			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	30,539,577			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	18,484,353			
9	Other employee benefits	10,599,399			
10	Payroll taxes	2,217,438			
11	Fees for services (non-employees)				
a	Management				
b	Legal	12,657,529			
c	Accounting	142,800			
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	401,251			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,788,611			
12	Advertising and promotion	7,542,902			
13	Office expenses	4,229,095			
14	Information technology	1,908,031			
15	Royalties				
16	Occupancy	3,057,935			
17	Travel	3,382,617			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,664,419			
20	Interest				
21	Payments to affiliates	5,088,342			
22	Depreciation, depletion, and amortization	2,049,573			
23	Insurance	247,174			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	ORGANIZING EXPENSES	5,538,506			
b	TRAINING PROG & SERV	5,145,786			
c	PUBLIC/government RELAT	857,009			
d	COMMUNICATION EXPENSE	491,596			
e	All other expenses	926,571			
25	**Total functional expenses.** Add lines 1 through 24e	132,644,542			
26	**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		13,194,797	1	11,662,015
	2	Savings and temporary cash investments		2,242,959	2	2,292,487
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		641,719	4	1,364,383
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		71,091	8	28,365
	9	Prepaid expenses and deferred charges		731,432	9	784,274
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 33,124,206			
	b	Less accumulated depreciation	10b 19,101,447	14,880,834	10c	14,022,759
	11	Investments—publicly traded securities		102,555,478	11	106,175,785
	12	Investments—other securities See Part IV, line 11		7,444,940	12	10,257,030
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,879,018	15	1,540,852
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		143,642,268	16	148,127,950
Liabilities	17	Accounts payable and accrued expenses		6,760,133	17	5,382,659
	18	Grants payable			18	
	19	Deferred revenue		1,086,351	19	883,962
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		993,344	23	563,115
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		160,869,864	25	224,001,998
	26	**Total liabilities.** Add lines 17 through 25		169,709,692	26	230,831,734
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		-26,092,424	27	-82,728,784
	28	Temporarily restricted net assets		25,000	28	25,000
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		-26,067,424	33	-82,703,784
	34	Total liabilities and net assets/fund balances		143,642,268	34	148,127,950

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	135,754,495
2	Total expenses (must equal Part IX, column (A), line 25)	2	132,644,542
3	Revenue less expenses Subtract line 2 from line 1	3	3,109,953
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-26,067,424
5	Net unrealized gains (losses) on investments	5	2,030,977
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-61,777,290
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-82,703,784

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

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

Form 990, Part III, Line 4a

4a	(Code	) (Expenses $	including grants of $	) (Revenue $)

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

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			
Janet S Bischak Executive Committee	2 00	X						2,911	0	0
Ronald G Burd executive Committee	2 00	X						4,654	0	0
Joseph F Cheff executive Committee	2 00	X						2,860	0	0
Gayle K Faulkner executive Committee	2 00	X						2,860	0	0
Beverly A Figlioli executive Committee	2 00	X						2,860	0	0
REGINA A ANDREWS-COLLETTE executive Committee	2 00	X						2,860	0	0
CHARLOTTE J Bayley executive Committee	2 00	X						2,860	0	0
SUSAN J DAVIS Executive Committee	2 00	X						2,992	0	0
ANDREW M JACOBS executive Committee	2 00	X						3,144	0	0
Donna Mirabelli executive Committee	2 00	X						2,860	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
VICTORIA D MCKEON executive Committee	2 00	X						2,860	0	0
Laune A Schorno executive Committee	2 00	X						2,860	0	0
Kimberly L Scott executive Committee	2 00	X						3,380	0	0
Ann Margaret Shannon executive Committee	2 00	X						2,860	0	0
Roy S Tamargo executive Committee	2 00	X						3,392	0	0
CHRISTINE SAMPSON-CLARK executive Committee	2 00	X						2,860	0	0
FRANK E TOTH executive Committee	2 00	X						2,860	0	0
LINDA K MARTINS Executive Committee	2 00	X						2,860	0	0
ANITA SCHWARTZ Executive Committee	2 00	X						3,374	0	0
SUSAN MCBRIDE Executive Committee	2 00	X						2,890	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			
ANDREW POLICASTRO Executive Committee	2 00	X						2,860	0	0
ERIC L STINSON Executive Committee	2 00	X						2,860	0	0
EDWARD YARUSINSKY Executive Committee	2 00	X						3,160	0	0
LOIS YUKNA Executive Committee	2 00	X						3,434	0	0
ASHANTI T RANKIN Executive Committee	2 00	X						2,145	0	0
GARY P MELTON Executive Committee	2 00	X						2,860	0	0
Susan C Maniglia Executive Committee	2 00	X						2,922	0	0
Heidi M Olson Executive Committee	2 00	X						2,860	0	0
Patricia A Provnick Executive Committee	2 00	X						3,378	0	0
Marilyn WEEKS-RYAN Executive Committee	2 00	X						3,328	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 A HELFF Executive Committee	2 00	X						0	0	0
ELIZABETH MILLER Executive Committee	2 00	X						0	0	0
DEANNA J NICOSIA-JONES Executive Committee	2 00	X						0	0	0
Wendell F Steinhauer President	40 00			X				328,758	0	320,895
Marie E Blistan Vice President	40 00			X				253,901	0	192,019
Sean M Spiller Secretary-Treasurer	40 00			X				220,260	0	110,173
Edward J Richardson Executive Director	40 00				X			339,771	0	872,854
STEVE SWETSKY ASSISTANT EXECUTIVE DIRECT	40 00				X			293,545	0	429,361
TIMOTHY MCGUCKIN BUSINESS DIRECTOR	40 00				X			272,276	0	399,350
MATTHEW DIRADO HR MANAGER	40 00				X			219,566	0	99,582

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			
MICHAEL COHAN DIRECTOR, PROFESSIONAL DEV	40 00				X			249,448	0	217,920
KAREN KRYVEN COMPTROLLER	40 00					X		257,770	0	392,133
ZELLA FELZENBERG ASSISTANT DIRECTOR, UNISER	40 00					X		286,825	0	196,787
CARMEN GONZALEZ GANNON ASSISTANT DIRECTOR, UNISER	40 00					X		257,959	0	377,565
STEVE WOLLMER COMMUNICATIONS DIRECTOR	40 00					X		350,354	0	108,818
VINCENT GORIDANO PATS EXECUTIVE DIRECTOR	0 00						X	153,861	0	158,964
BARBARA KESHISHIAN IMMEDIATE PAST PRESIDENT	0 00						X	108,023	0	79,199

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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.

OMB No 1545-0047

2015

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	Employer identification number
NEW JERSEY EDUCATION ASSOCIATION	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		931,646
2				
3				
4				
5				
6				

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns		
g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a. If zero or less, enter -0-		
i	Subtract line 1f from line 1c. If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, 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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ 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.

OMB No 1545-0047

2015

Open to Public Inspection

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
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	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
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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" to Form 990, Part IV, line 10.

		(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance	2,513,610	2,653,571	2,406,200	2,347,804	2,353,802
b	Contributions	190,197	92,739			
c	Net investment earnings, gains, and losses	20,128	-232,700	247,371	58,396	-5,998
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	2,723,935	2,513,610	2,653,571	2,406,200	2,347,804

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
(i)	unrelated organizations	3a(i)	No
(ii)	related organizations	3a(ii)	Yes
b	If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b	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' to 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)	Accumulated (c)depreciation	(d)Book value
1a Land		1,119,744		1,119,744
b Buildings		20,715,946	11,066,412	9,649,534
c Leasehold improvements				
d Equipment		8,980,425	6,076,419	2,904,006
e Other		2,308,091	1,958,616	349,475
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				14,022,759

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	10,257,030	F
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	10,257,030	

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
Total. *(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
Total. *(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.

1. (a) Description of liability	(b) Book value
Federal income taxes	
ACCRUED VACATION & SICK PAY	6,075,451
DEFERRED COMPENSATION	1,011,143
ACCRUED POSTRETIREMENT BENEFITS	151,419,317
ACCRUED PENSION COST	65,288,478
CURRENT MATURITY OF CAPITAL LEASE OBLIGATIONS	206,585
DUE TO VEBA	1,024
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	224,001,998

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.

1	Total revenue, gains, and other support per audited financial statements			1	137,384,221
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	2,030,977		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	2,030,977
3	Subtract line **2e** from line **1**			3	135,353,244
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	401,251		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	401,251
5	Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12)			5	135,754,495

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

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

1	Total expenses and losses per audited financial statements			1	132,243,291
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	132,243,291
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	401,251		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	401,251
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	132,644,542

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	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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 e xempt status and had taken no uncertain tax positions that require adjustment to the finan cial statements Therefore, no provision or liability for income taxes has been included i n the financial statements At the present time, NJEA is no longer subject to income tax e xaminations by U S Federal, state, or local tax authorities for years before 2010

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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*.**

OMB No 1545-0047

2015

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							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 37

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 10

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

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.

(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
AUTISM NEW JERSEY INC 500 HORIZON DRIVE STE 530 ROBBINSVILLE,NJ 08691	22-2129739	501(C)(3)	8,500				FINANCIAL SUPPORT
BLUEWAVENJ 41 WATCHYNG PLAZA 332 MONTCLAIR,DC 07042	20-2813200	501(C)(4)	5,000				FINANCIAL SUPPORT
Boys & Girls Club of GLOUCESTER County INC 2 CENTER STREET GLASSBORO,NJ 08028	54-2075655	501(C)(3)	5,000				FINANCIAL SUPPORT

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

(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
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
CELEBRATE NEW JERSEY NOW 60 ROSELAND AVENUE CALDWELL, NJ 07006		501(C)(4)	15,000				FINANCIAL SUPPORT
CROSSROADS OF THE AMERICAN REVOLUTION ASSOCIATION 101 BARRACK STREET TRENTON, NJ 08608	30-0083430	501(C)(3)	5,000				FINANCIAL SUPPORT

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

(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
CENTER for Holocaust Human Rights & Genocide Education Inc 765 NEWMAN SPRINGS ROAD LINCROFT,NJ 07738	46-1050829	501(C)(3)	8,500				FINANCIAL SUPPORT
DRUMTHWACKET FOUNDATION INC 354 STOCKTON ST PRINCETON,NJ 08540	22-2429563	501(C)(3)	5,000				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.

(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
ECONOMIC POLICY INSTITUTE 1333 H STREET NW WASHINGTON, DC 20005	52-1368964	501(C)(3)	15,000				FINANCIAL SUPPORT
EDUCATION INFORMATION AND RESOUCRE CENTER 107 GILBRETH PKWY SUITE 200 MULLICA HILL, NJ 08062		GOVERNMENTAL AGENCY	5,000				FINANCIAL SUPPORT
EDUCATION LAW CENTER 60 PARK PLACE SUITE 300 NEWARK, NJ 07102	22-2014555	501(C)(3)	525,000				FINANCIAL SUPPORT

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

(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
EMERGE NEW JERSEY PO BOX 442 TOWACO,NJ 07082		N/A	13,250				FINANCIAL SUPPORT
FREDERICK L HIPP FOUNDATION 180 WEST STATE STREET TRENTON,NJ 08607	22-3277861	501(C)(3)	100,000				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.

(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
JEFFCO UNITED FOR ACTION 6720 S ADAMS WAY CENTENNIAL,CO 80122		N/A	5,000				FINANCIAL SUPPORT
LEAD INC S SOUTH MAIN STREET ALLENTOWN,NJ 08501	47-2471572	501(C)(3)	5,000				FINANCIAL SUPPORT
LATINO ACTION NETWORK PO BOX 493 FREEHOLD,NJ 07728	45-5150013	501(C)(3)	5,000				FINANCIAL SUPPORT

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

(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
LATINO INSTITUTE 50 PARK PLACE NEWARK,NJ 07102	20-1516874	501(C)(3)	200,000				FINANCIAL SUPPORT
LEWY BODY DEMENTIA ASSOCAITION INC 912 KILLIAN HILL ROAD SW LILBURN,GA 30047	05-0577683	501(C)(3)	10,000				FINANCIAL SUPPORT
MONTCLAIR NAACP PO BOX 1839 MONTCLAIR,NJ 07042	22-6095670	501(C)(3)	5,000				FINANCIAL SUPPORT

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

(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
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 416 WASHINGTON, DC 20036	53-0115260	501(C)(5)	10,000				FINANCIAL SUPPORT
New Jersey Citizen Action 744 BROAD STREET NEWARK, NJ 07102	22-2395222	501(C)(4)	5,000				FINANCIAL SUPPORT

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

(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
NEW JERSEY WORKING FAMILIES ALLIANCE 30 CLINTON STREET 3RD FL NEWARK,NJ 07102	30-0427821	501(C)(4)	177,500				FINANCIAL SUPPORT
NJ Black Issues Convention Inc PO BOX 1843 NEWARK,NJ 07101	22-2532996	501(C)(3)	17,500				FINANCIAL SUPPORT
NJ Center for Teaching and Learning 115 FRANKLIN TURNPIKE 203 MAHWAH,NJ 07430	77-0667571	501(C)(3)	1,000,000				FINANCIAL SUPPORT

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

(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
NJSC NAACP 4326 HARBOR BEACH BLVD 775 BRIGANTINE, NJ 08203		501(C)(3)	23,800				FINANCIAL SUPPORT
NJ Coalition for Inclusive Ed 9H Auer Ct Williamsburg Office EAST BRUNSWICK, NJ 08816	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.

(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
NJ Hall of Fame (tickets) 4 RIDGE RD LEBANON,NJ 08833	22-3291935	501(C)(3)	75,000				FINANCIAL SUPPORT
NJ Policy Perspective Inc 137 W HANOVER STREET TRENTON,NJ 08618	22-3492715	501(C)(3)	125,000				FINANCIAL SUPPORT
NJ WORK ENVIRONMENTAL COUNCIL 7 DUNMORE AVENUE 1ST FLR EAST EWING,NJ 08618	22-2751863	501(C)(3)	5,552				FINANCIAL SUPPORT

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

(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
Project Re-directYouth & Family PO BOX 3223 NEWARK,NJ 07102	22-3465029	501(C)(3)	15,000				FINANCIAL SUPPORT
RUTGERS UNIVERSITY FOUNDATION 7 COLLEGE AVENUE WINANTS HALL NEW BRUNSWICK,NJ 08901	23-7318742	501(C)(3)	181,245				FINANCIAL SUPPORT
SAVE OUR SCHOOLS MARCH INC 911 CIRCLE AVENUE FOREST PARK,IL 60130	45-5156405	501(C)(3)	5,000				FINANCIAL SUPPORT

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

(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
SHARRON MILLERS ACADEMY FOR THE PERFORMING ARTS INC 14 SOUTH PARK STREET MONTCLAIR,NJ 07042	22-3484652	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
STATEWIDE EDUCATION ORGANIZING COMMITTEE INC 601 N CLINTON AVENUE TRENTON,NJ 08638	55-0901525	501(C)(3)	55,000				FINANCIAL SUPPORT

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

(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
SUSTAINABLE JERSEY A NJ NONPROFIT CORPORATION 2000 PENNINGTON ROAD EWING, NJ 08618	45-3848336	501(C)(3)	200,000				FINANCIAL SUPPORT
THE COMMUNITY FOUNDATION OF NJ 35 KNOX HILL ROAD MORRISTOWN, NJ 07963	22-2281783	501(C)(3)	30,000				FINANCIAL SUPPORT
THE COLLEGE OF NEW JERSEY FOUNDATION INC 2000 PENNINGTON ROAD EWING, NJ 08628	22-2448189	501(C)(3)	217,000				FINANCIAL SUPPORT

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

(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
THE GI GO FUND 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)	11,500				FINANCIAL SUPPORT
UNITE HERE LOCAL 54 1014 ATLANTIC AVENUE ATLANTIC CITY,NJ 08401	21-0588583	501(C)(5)	5,000				FINANCIAL SUPPORT

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

(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
WEST VIRGINIA FOUNDATION FOR THE INPROVEMENT OF EDUCATION INC 1558 QUARRIER STREET CHARLESTOWN,WV 25311	55-0732983	501(C)(3)	5,000				FINANCIAL SUPPORT
WOMEN OF THE DREAM INC 69 CYPRESS POINT ROAD WESTAMPTON,NJ 08060	46-3649951	501(C)(3)	15,000				FINANCIAL SUPPORT
GARDEN STATE FORWARD 180 WEST STATE STREET TRENTON,NJ 08607	46-2383979	N/A	3,732,751				FINANCIAL SUPPORT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
NEW JERSEY EDUCATION ASSOCIATION

Employer identification number
21-0524390

Part I Questions Regarding Compensation

			Yes	No
1a	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			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☑ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
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	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☑ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	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			
a	Receive a severance payment or change-of-control payment?	4a	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	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			
a	The organization?	5a		
b	Any related organization?	5b		
	If "Yes," on line 5a or 5b, describe in Part III			
6	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			
a	The organization?	6a		
b	Any related organization?	6b		
	If "Yes," on line 6a or 6b, describe in Part III			
7	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	7		
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

For each individual whose compensation must be reported 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				
1 Wendell F Steinhauer President	(i)	328,758	0	0	288,692	32,203	649,653	0
	(ii)	0	0	0	0	0	0	0
1 Marie E BlistanVice President	(i)	253,901	0	0	159,816	32,203	445,920	0
	(ii)	0	0	0	0	0	0	0
2 Sean M Spiller Secretary-Treasurer	(i)	220,260	0	0	77,970	32,203	330,433	0
	(ii)	0	0	0	0	0	0	0
3 Edward J Richardson Executive Director	(i)	339,771	0	0	840,651	32,203	1,212,625	0
	(ii)	0	0	0	0	0	0	0
4 STEVE SWETSKY ASSISTANT EXECUTIVE DIRECT	(i)	293,545	0	0	397,158	32,203	722,906	0
	(ii)	0	0	0	0	0	0	0
5 TIMOTHY MCGUCKIN BUSINESS DIRECTOR	(i)	272,276	0	0	370,238	29,112	671,626	0
	(ii)	0	0	0	0	0	0	0
6 MATTHEW DIRADO HR MANAGER	(i)	219,566	0	0	67,379	32,203	319,148	0
	(ii)	0	0	0	0	0	0	0
7 MICHAEL COHAN DIRECTOR, PROFESSIONAL DEV	(i)	249,448	0	0	185,717	32,203	467,368	0
	(ii)	0	0	0	0	0	0	0
8 KAREN KRYVEN COMPTROLLER	(i)	257,770	0	0	359,930	32,203	649,903	0
	(ii)	0	0	0	0	0	0	0
9 ZELLA FELZENBERG ASSISTANT DIRECTOR, UNISER	(i)	286,825	0	0	164,584	32,203	483,612	0
	(ii)	0	0	0	0	0	0	0
10 CARMEN GONZALEZ GANNON ASSISTANT DIRECTOR, UNISER	(i)	257,959	0	0	345,362	32,203	635,524	0
	(ii)	0	0	0	0	0	0	0
11 STEVE WOLLMER COMMUNICATIONS DIRECTOR	(i)	350,354	0	0	89,478	19,340	459,172	0
	(ii)	0	0	0	0	0	0	0
12 VINCENT GORIDANO PATS EXECUTIVE DIRECTOR	(i)	153,861	0	0	158,964	0	312,825	0
	(ii)	0	0	0	0	0	0	0
13 BARBARA KESHISHIAN IMMEDIATE PAST PRESIDENT	(i)	108,023	0	0	79,199	0	187,222	0
	(ii)	0	0	0	0	0	0	0

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization	Employer identification number
NEW JERSEY EDUCATION ASSOCIATION	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 I S 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 CONTITUTION AMENDMENTS TO NEW JERSEY EDUCATION ASSOCIATION'S CONSTITUTION MAY BE PROPOSED FOR CONSIDERATION BY A MAJORITY VOTE OF THE DELEGATE ASSEMBLY, OR MAY BE PROPOSED BY A PETITION SIGNED BY NOT LESS THAN 500 ACTIVE MEMBERS OF THE ASSOCIATION AMENDMENTS SO PROPOSED SHALL BE PUBLISHED IN FULL IN THE OFFICIAL PUBLICATION OF THE ASSOCIATION AND SHALL THEN BE SUBMITTED BY BALLOT TO THE ACTIVE MEMBERS OF THE ASSOCIATION UNDER THE PROVISIONS GOVERNING THE ELECTION OF OFFICERS VOTING ON AMENDMENTS MAY TAKE PLACE REGARDLESS OF WHETHER THE ELECTION OF OFFICERS IS ALSO TAKING PLACE A TWO-THIRDS VOTE OF ALL BALLOTS CAST ON THE AMENDMENT SHALL BE NECESSARY FOR ITS ADOPTION AMENDEMENT TO NJEA'S BY-LAWS MUST BE APPROVED BY A MAJORITY VOTE OF THE EXECUTIVE COMMITTEE OR AT MAJORITY VOTE OF THE DELEGATE ASSEMBLY AMENDMENTS SO PROPOSED SHALL BE SUBMITTED TO THE CONSTITUTION REVIEW COMMITTEE FOR REVEIW 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 11	NEW JERSEY EDUCATION ASSOCIATION'S FORM 990 IS PREPARED BY ITS INDEPENDENT ACCOUNTANT THE RETURN IS THEN REVIEWED BY NJEA'S OFFICERS AND GOVERNING BODY

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY FOR NJEA OFFICIALS No NJEA official sh all, directly or indirectly, have any interest or relationship, take any action or engage in any transaction, or incur any obligation w hich is in conflict w ith, or gives the appear ance of a conflict w ith, the proper and faithful performance of his or her NJEA responsibi lities A COPY OF THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO ALL NJEA OFFICIALS, AL L 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 w h ich he/she know s or has reason to believe is offered to him/her w ith the intent to influen ce him/her in the performance of his/her NJEA duties and responsibilities

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	Executive Director, Management and Key Employee Compensation The organization collected c omparative data from similar state associations to set its Executive Director, management and key employee compensations schedules The schedules w ere presented and approved by its governing body (or Executive Committee) Officers' Compensation The officers' compensati on 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

Return Reference	Explanation
Form 990, Part XI, line 9	FASB ASC 715 OTHER COMPREHENSIVE INCOME -61,777,290

990 Schedule O, Supplemental Information

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

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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

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

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2015

Open to Public Inspection

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.

(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	(g) No
See Additional Data Table							

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.

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete 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		CASH
(2) GARDEN STATE FORWARD	B		CASH
(3) NJEA AFFILIATES RISK GROUP	B		CASH

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
NEW JERSEY EDUCATION ASSOCIATION HEALTH AND WELFARE BENEFITS TRUST 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 91-2003765	HEALTH AND WELFARE BENEFITS	NJ	501(C)(9)				No
PAUL DIMITRIADIS RIGHTS FUND 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 22-2306050	LABOR ORGANIZATION	NJ	501(C)(5)				No
NJEA BOLIVAR GRAHAM INTERN FUND 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 22-2165927	CHARITABLE ORGANIZATION	NJ	501(C)(3)	509(A)(3)			No
NJEA EMPLOYEES' RETIREMENT TRUST FUND 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 21-0524390	PENSION FUND	NJ	401(A)/501(A)				No
NJEA SUPPLEMENTAL SAVINGS PLAN 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 21-0524390	PENSION FUND	NJ	401(A)/501(A)				No
NJEA POLITICAL ACTION COMMITTEE 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 22-2911965	POLITICAL ACTION COMMITTEE	NJ	SECTION 527				No
FEDERICK L HIPP FOUNDATION 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 22-3277861	CHARITABLE ORGANIZATION	NJ	501(C)(3)	170(B)(1)(A)(VI)			No
NJEA MEMBER BENEFIT FUND 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 13-4270499	WELFARE BENEFIT FUND	NJ	501(C)(9)				No
GARDEN STATE FORWARD 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 46-2383979	POLITICAL ACTION COMMITTEE	NJ	SECTION 527				No
NJEA AFFILIATES RISK GROUP 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 47-2729925	CHARITABLE ORGANIZATION	NJ	501(C)(3)				No

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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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)

H(c) Group exemption number ▶

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

J Website: ▶ WWW NJEA ORG

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

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

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

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	148,127,950	155,805,772
21	Total liabilities (Part X, line 26)	230,831,734	198,253,648
22	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 — 2018-07-13 Date

STEVE BEATTY SECRETARY-TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Louis Verzella CPA	Louis Verzella CPA	2018-06-28		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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ including grants of $) (Revenue $)

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

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

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

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

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	327		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	548		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	41		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	38		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
▶ACCOUNTING MANAGER 180 W STATE STREET PO BOX 1211 TRENTON, NJ 086071211 (609) 599-4561

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)*

(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										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								3,597,186	0	2,537,365

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NEW MEDIA FIRM 1730 RHODE ISLAND AVE NW STE 213 WASHINGTON, DC 20036	CONSULTANT	9,038,723
CARUSO SMITH EDELL PICINI PC 60 ROUTE 46 EAST FAIRFIELD, NJ 07004	LEGAL SERVICES	2,913,406
SELIKOFF & COHEN PA 700 East Gate Drive Suite 502 MT LAUREL, NJ 08054	LEGAL SERVICES	1,879,855
ZAZZALI FAGELLA NOWAK KLEINBAUM & FREI 570 BROAD STREET SUITE 1402 NEWARK, NJ 07102	LEGAL SERVICES	1,656,859
HILTON-EAST BRUNSWICK 3 TOWER CENTER BLVD EAST BRUNSWICK, NJ 08816	CONFERENCE/MEETING SERVICES	1,588,538

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

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

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		11,662,015	1	9,245,876
	2	Savings and temporary cash investments		2,292,487	2	2,238,993
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,364,383	4	1,449,060
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		28,365	8	10,550
	9	Prepaid expenses and deferred charges		784,274	9	1,212,513
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 31,876,514			
	b	Less accumulated depreciation	10b 18,475,067	14,022,759	10c	13,401,447
	11	Investments—publicly traded securities		106,175,785	11	117,311,670
	12	Investments—other securities See Part IV, line 11		10,257,030	12	9,259,917
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,540,852	15	1,675,746
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		148,127,950	16	155,805,772
Liabilities	17	Accounts payable and accrued expenses		5,382,659	17	4,276,279
	18	Grants payable			18	
	19	Deferred revenue		883,962	19	1,315,336
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		563,115	23	115,029
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		224,001,998	25	192,547,004
	26	**Total liabilities.** Add lines 17 through 25		230,831,734	26	198,253,648
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		-82,728,784	27	-42,472,876
	28	Temporarily restricted net assets		25,000	28	25,000
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		-82,703,784	33	-42,447,876
	34	Total liabilities and net assets/fund balances		148,127,950	34	155,805,772

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	138,707,072
2	Total expenses (must equal Part IX, column (A), line 25)	2	139,556,130
3	Revenue less expenses Subtract line 2 from line 1	3	-849,058
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-82,703,784
5	Net unrealized gains (losses) on investments	5	5,751,722
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	35,353,244
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-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
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

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

Form 990 (2016)

Form 990, Part III, Line 4a:

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

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

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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.

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2016

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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	Employer identification number
NEW JERSEY EDUCATION ASSOCIATION	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-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period — Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, 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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ 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.

OMB No 1545-0047

2016

Open to Public Inspection

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
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	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
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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
1a Beginning of year balance	2,723,935	2,513,610	2,653,571	2,406,200	2,347,804
b Contributions	74,291	190,197	92,739		
c Net investment earnings, gains, and losses	186,013	20,128	-232,700	247,371	58,396
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g 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
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii) Yes	
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b 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
1a Land		990,567		990,567
b Buildings		20,815,880	11,692,282	9,123,598
c Leasehold improvements				
d Equipment		5,449,659	3,836,663	1,612,996
e Other		4,620,408	2,946,122	1,674,286
Total. 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
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(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)		
Total. *(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)	
Total. *(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.

1. (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)	
Total. *(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.

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

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

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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 e xempt status and had taken no uncertain tax positions that require adjustment to the finan cial statements Therefore, no provision or liability for income taxes has been included i n the financial statements At the present time, NJEA is no longer subject to income tax e xaminations 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

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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.

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.

(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
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.

(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
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.

(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
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.

(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
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.

(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
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.

(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
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.

(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
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.

(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
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.

(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
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.

(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
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.

(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
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.

(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
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.

(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
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.

(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
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.

(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
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.

(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
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.

(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
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.

(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
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.

(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
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.

(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
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.

(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
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.

(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
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.

(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
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.

(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
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

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

(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
YUBA CITY TEACHERS ASSOCIATION 1095 STAFFORD WAY SUITE A YUBA CITY, CA 95991	94-2229511	501(C)(5)	5,000				FINANCIAL SUPPORT

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Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

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.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
NEW JERSEY EDUCATION ASSOCIATION

Employer identification number
21-0524390

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
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	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	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			
a	Receive a severance payment or change-of-control payment?	4a	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	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			
a	The organization?	5a		
b	Any related organization?	5b		
	If "Yes," on line 5a or 5b, describe in Part III			
6	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			
a	The organization?	6a		
b	Any related organization?	6b		
	If "Yes," on line 6a or 6b, describe in Part III			
7	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	7		
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

For each individual whose compensation must be reported 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 (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
1 Wendell F Steinhauer President	(i)	340,927	0	19,086	302,903	32,203	695,119	0
	(ii)	0	0	0	0	0	0	0
1 Marie E BlistanVice President	(i)	230,450	0	13,431	102,345	32,203	378,429	0
	(ii)	0	0	0	0	0	0	0
2 Sean M Spiller Secretary-Treasurer	(i)	249,868	0	32,849	56,037	32,203	370,957	0
	(ii)	0	0	0	0	0	0	0
3 Edward J Richardson Executive Director	(i)	351,406	0	17,162	72,680	32,203	473,451	0
	(ii)	0	0	0	0	0	0	0
4 STEVE SWETSKY ASSISTANT EXECUTIVE DIRECT	(i)	308,790	0	15,119	205,030	32,203	561,142	0
	(ii)	0	0	0	0	0	0	0
5 TIMOTHY MCGUCKIN BUSINESS DIRECTOR	(i)	287,909	0	12,148	603,310	30,941	934,308	0
	(ii)	0	0	0	0	0	0	0
6 MATTHEW DIRADO HR MANAGER	(i)	229,153	0	9,981	52,109	32,203	323,446	0
	(ii)	0	0	0	0	0	0	0
7 KAREN KRYVEN COMPTROLLER	(i)	271,541	0	12,556	130,037	32,203	446,337	0
	(ii)	0	0	0	0	0	0	0
8 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	0	0
9 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	0	0
10 JAMES LOPER REGIONAL DIRECTOR, UNISERVE	(i)	254,467	0	14,140	224,280	32,203	525,090	0
	(ii)	0	0	0	0	0	0	0
11 AL RAMEY ASSISTANT DIRECTOR, UNISER	(i)	265,457	0	14,418	179,310	32,203	491,388	0
	(ii)	0	0	0	0	0	0	0

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2016

Open to Public Inspection

Name 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 I S 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 CONTITUTION AMENDMENTS TO NEW JERSEY EDUCATION ASSOCIATION'S CONSTITUTION MAY BE PROPOSED FOR CONSIDERATION BY A MAJORITY VOTE OF THE DELEGATE ASSEMBLY, OR MAY BE PROPOSED BY A PETITION SIGNED BY NOT LESS THAN 500 ACTIVE MEMBERS OF THE ASSOCIATION AMENDMENTS SO PROPOSED SHALL BE PUBLISHED IN FULL IN THE OFFICIAL PUBLICATION OF THE ASSOCIATION AND SHALL THEN BE SUBMITTED BY BALLOT TO THE ACTIVE MEMBERS OF THE ASSOCIATION UNDER THE PROVISIONS GOVERNING THE ELECTION OF OFFICERS VOTING ON AMENDMENTS MAY TAKE PLACE REGARDLESS OF WHETHER THE ELECTION OF OFFICERS IS ALSO TAKING PLACE A TWO-THIRDS VOTE OF ALL BALLOTS CAST ON THE AMENDMENT SHALL BE NECESSARY FOR ITS ADOPTION AMENDEMENT TO NJEA'S BY-LAWS MUST BE APPROVED BY A MAJORITY VOTE OF THE EXECUTIVE COMMITTEE OR AT MAJORITY VOTE OF THE DELEGATE ASSEMBLY AMENDMENTS SO PROPOSED SHALL BE SUBMITTED TO THE CONSTITUTION REVIEW COMMITTEE FOR REVEIW 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

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY FOR NJEA OFFICIALS No NJEA official sh all, 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 appear ance of a conflict with, the proper and faithful performance of his or her NJEA responsibi lities A COPY OF THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO ALL NJEA OFFICIALS, AL L 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 wh ich he/she knows or has reason to believe is offered to him/her with the intent to influen ce him/her in the performance of his/her NJEA duties and responsibilities

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	Executive Director, Management and Key Employee Compensation The organization collected c omparative 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' compensati on 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

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

990 Schedule O, Supplemental Information

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

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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

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

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2016

Open to Public Inspection

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete 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 HIPP FOUNDATION	B	50,000	CASH
(5)njea health & welfare benefit Trust	R	4,987,449	cASH

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

Part VII **Supplemental Information**

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

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

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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 09-01-2017 , and ending 08-31-2018

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 $ 159,493,875

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)

H(c) Group exemption number ▶

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

J Website: ▶ WWW NJEA ORG

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

Activities & Governance	**3** Number of voting members of the governing body (Part VI, line 1a)	**3**	37
	4 Number of independent voting members of the governing body (Part VI, line 1b)	**4**	34
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	**5**	552
	6 Total number of volunteers (estimate if necessary)	**6**	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	277,970
	b Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	6,665,442	6,910,138
	9 Program service revenue (Part VIII, line 2g)	126,984,206	131,277,232
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,042,113	5,930,106
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,311	50,918
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	138,707,072	144,168,394
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,240,269	10,821,245
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	68,877,641	66,184,287
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	62,438,220	60,498,331
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	139,556,130	137,503,863
	19 Revenue less expenses Subtract line 18 from line 12	-849,058	6,664,531

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	155,805,772	163,251,228
	21 Total liabilities (Part X, line 26)	198,253,648	130,326,003
	22 Net assets or fund balances Subtract line 21 from line 20	-42,447,876	32,925,225

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

▶ [redacted] 2019-07-10
Signature of officer Date

▶ STEVE BEATTY SECRETARY-TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
LOUIS VERZELLA CPA	LOUIS VERZELLA CPA	2019-06-27		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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE MISSION OF THE NEW JERSEY EDUCATION ASSOCIATION IS TO ADVANCE AND PROTECT THE RIGHTS, BENEFITS, AND INTERESTS OF MEMBERS, AND PROMOTE A QUALITY SYSTEM OF PUBLIC EDUCATION FOR ALL STUDENTS

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ including grants of $) (Revenue $)

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

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

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

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

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	350		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	552		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	37		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	34		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records
▶ACCOUNTING MANAGER 180 W STATE STREET PO BOX 1211 TRENTON, NJ 086071211 (609) 599-4561

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)*

(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										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								3,474,427	0	616,398

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 ▶ 143

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NEW MEDIA FIRM 1730 RHODE ISLAND AVE NW STE 213 WASHINGTON, DC 20036	CONSULTANT	5,391,199
CARUSO SMITH EDELL PICINI PC 60 ROUTE 46 EAST FAIRFIELD, NJ 07004	LEGAL SERVICES	3,638,869
ZAZZALI FAGELLA NOWAK KLEINBAUM & FREI 570 BROAD STREET SUITE 1402 NEWARK, NJ 07102	LEGAL SERVICES	2,166,348
SELIKOFF & COHEN PA 700 EAST GATE DRIVE SUITE 502 MT LAUREL, NJ 08054	LEGAL SERVICES	1,887,219
OXFELD COHEN PC 60 PARK PLACE NEWARK, NJ 07102	LEGAL SERVICES	1,229,159

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 ▶ 79

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . 1a				
	b Membership dues . . 1b				
	c Fundraising events . . 1c				
	d Related organizations 1d				
	e Government grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	6,910,138			
	g Noncash contributions included in lines 1a-1f $ _____				
	h **Total.** Add lines 1a-1f . . . . . ▶	6,910,138			
Program Service Revenue		Business Code			
	2a MEMBERSHIP DUES	900099	129,391,676	129,391,676	
	b CONFERENCES	900099	973,159	973,159	
	c CONVENTION	900099	530,051	530,051	
	d PUBLICATION INCOME	511190	277,970		277,970
	e ROYALTY INCOME	900099	104,376		104,376
	f All other program service revenue				
	g **Total.** Add lines 2a-2f . . . ▶	131,277,232			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	5,205,958			5,205,958
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents				
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) . . . . . ▶				
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	15,806,192	243,437		
	b Less cost or other basis and sales expenses	15,109,312	216,169		
	c Gain or (loss)	696,880	27,268		
	d Net gain or (loss) . . . . . ▶	724,148			724,148
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a				
	b Less direct expenses . . . b				
	c Net income or (loss) from fundraising events . . ▶				
	9a Gross income from gaming activities See Part IV, line 19 . . . a				
	b Less direct expenses . . . b				
	c Net income or (loss) from gaming activities . . ▶				
	10a Gross sales of inventory, less returns and allowances . . a				
	b Less cost of goods sold . . b				
	c Net income or (loss) from sales of inventory . . ▶				
	Miscellaneous Revenue	Business Code			
	11a OTHER INCOME	900099	50,918		50,918
	b				
	c				
	d All other revenue				
	e **Total.** Add lines 11a-11d . . . . . ▶	50,918			
	12 **Total revenue.** See Instructions . . . . . ▶	144,168,394	130,894,886	277,970	6,085,400

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	10,821,245			
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,394,158			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	31,785,697			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	19,021,822			
9 Other employee benefits	10,709,023			
10 Payroll taxes	2,273,587			
11 Fees for services (non-employees)				
a Management				
b Legal	14,107,951			
c Accounting	140,944			
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	494,182			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,646,762			
12 Advertising and promotion	7,965,739			
13 Office expenses	3,643,787			
14 Information technology	1,893,874			
15 Royalties				
16 Occupancy	3,431,653			
17 Travel	3,575,355			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,922,156			
20 Interest				
21 Payments to affiliates	5,200,164			
22 Depreciation, depletion, and amortization	2,212,604			
23 Insurance	537,894			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a ORGANIZING EXPENSES	6,696,231			
b TRAINING PROG & SERV	3,240,829			
c PUBLIC/GOVERNMENT RELAT	796,944			
d COMMITTEE EXPENSES	399,179			
e All other expenses	592,083			
25 **Total functional expenses.** Add lines 1 through 24e	137,503,863			
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		9,245,876	1	10,327,428
	2	Savings and temporary cash investments		2,238,993	2	458,291
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,449,060	4	1,245,260
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		10,550	8	3,344
	9	Prepaid expenses and deferred charges		1,212,513	9	756,172
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 35,873,963			
	b	Less accumulated depreciation	10b 20,465,823	13,401,447	10c	15,408,140
	11	Investments—publicly traded securities		117,311,670	11	123,642,282
	12	Investments—other securities See Part IV, line 11		9,259,917	12	10,069,614
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,675,746	15	1,340,697
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		155,805,772	16	163,251,228
Liabilities	17	Accounts payable and accrued expenses		4,276,279	17	4,307,345
	18	Grants payable			18	
	19	Deferred revenue		1,315,336	19	1,144,129
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		115,029	23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		192,547,004	25	124,874,529
	26	**Total liabilities.** Add lines 17 through 25		198,253,648	26	130,326,003
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		-42,472,876	27	31,317,882
	28	Temporarily restricted net assets		25,000	28	1,607,343
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		-42,447,876	33	32,925,225
	34	Total liabilities and net assets/fund balances		155,805,772	34	163,251,228

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	144,168,394
2	Total expenses (must equal Part IX, column (A), line 25)	2	137,503,863
3	Revenue less expenses Subtract line 2 from line 1	3	6,664,531
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-42,447,876
5	Net unrealized gains (losses) on investments	5	1,729,087
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	66,979,483
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	32,925,225

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

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

Form 990 (2017)

Form 990, Part III, Line 4a:

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

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			
WENDELL STEINHAUER EXEC COMM- IMMED PAST PRES	40 00	X						381,075	0	-60,762
ROBERT M LAMORTE EXECUTIVE COMMITTEE	2 00	X						0	0	0
FRANCISCO C BARQUIN EXECUTIVE COMMITTEE	2 00	X						3,146	0	0
CHARLOTTE J BAYLEY EXECUTIVE COMMITTEE	2 00	X						3,146	0	0
KATHLEEN HOWLEY EXECUTIVE COMMITTEE	2 00	X						0	0	0
CHRISTINE ONORATO EXECUTIVE COMMITTEE	2 00	X						0	0	0
CHRISTINE SAMPSON-CLARK EXECUTIVE COMMITTEE	2 00	X						3,146	0	0
ANITA KOBER EXECUTIVE COMMITTEE	2 00	X						0	0	0
RICHARD F D'AVANZO EXECUTIVE COMMITTEE	2 00	X						3,448	0	0
SUSAN J DAVIS EXECUTIVE COMMITTEE	2 00	X						3,246	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			
GAYLE K FAULKNER EXECUTIVE COMMITTEE	2 00	X						3,146	0	0
BEVERLY A FIGLIOLI EXECUTIVE COMMITTEE	2 00	X						4,046	0	0
JAMES R FRAZIER EXECUTIVE COMMITTEE	2 00	X						3,146	0	0
RONALD F GRECO EXECUTIVE COMMITTEE	2 00	X						3,146	0	0
PETER A HELFF EXECUTIVE COMMITTEE	2 00	X						3,146	0	0
AARON P HONAKER EXECUTIVE COMMITTEE	2 00	X						3,371	0	0
ANDREW M JACOBS EXECUTIVE COMMITTEE	2 00	X						3,146	0	0
SUSAN C MANIGLIA EXECUTIVE COMMITTEE	2 00	X						3,146	0	0
SUSAN S BUTTERFIELD EXECUTIVE COMMITTEE	2 00	X						0	0	0
ELIZABETH MILLER EXECUTIVE COMMITTEE	2 00	X						3,328	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			
SUSAN MCBRIDE EXECUTIVE COMMITTEE	2 00	X						3,482	0	0
PETER J MORAN EXECUTIVE COMMITTEE	2 00	X						3,632	0	0
VICTORIA D MCKEON EXECUTIVE COMMITTEE	2 00	X						3,146	0	0
ROBIN C HOLCOMBE EXECUTIVE COMMITTEE	2 00	X						0	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						2,405	0	0
ANDREW POLICASTRO EXECUTIVE COMMITTEE	2 00	X						3,146	0	0
ASHANTI T RANKIN EXECUTIVE COMMITTEE	2 00	X						3,146	0	0
KIMBERLY L SCOTT 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			
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						3,146	0	0
LOIS YUKNA EXECUTIVE COMMITTEE	2 00	X						3,197	0	0
MARIE E BLISTAN PRESIDENT	40 00			X				280,680	0	114,825
SEAN M SPILLER VICE PRESIDENT	40 00			X				245,828	0	64,629
STEVE BEATTY SECRETARY-TREASURER	40 00			X				78,584	0	53,981
EDWARD J RICHARDSON EXECUTIVE DIRECTOR	40 00				X			362,305	0	-15,201
STEVE SWETSKY ASSISTANT EXECUTIVE DIRECT	40 00				X			321,106	0	65,288

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			
MATTHEW DIRADO HR MANAGER	40 00				X			239,190	0	66,843
KRISTEN BUTLER ACCOUNTING AND FINANCE MANAGER	40 00				X			127,471	0	25,668
KAREN KRYVEN COMPTROLLER	40 00					X		272,052	0	29,547
GINGER GOLD SCHNITZER ASSISTANT DIRECTOR, UNISER	40 00					X		266,438	0	27,693
MICHAEL COHAN DIRECTOR, PROFESSIONAL DEVELOPMENT	40 00					X		268,928	0	79,559
JAMES LOPER REGIONAL DIRECTOR, UNISERV	40 00					X		264,218	0	101,020
AL RAMEY ASSISTANT DIRECTOR, UNISER	40 00					X		276,623	0	63,308

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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.

OMB No 1545-0047

2017

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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	Employer identification number
NEW JERSEY EDUCATION ASSOCIATION	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 (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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	0	863,861
2				
3				
4				
5				
6				

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period — Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, 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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ 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.

OMB No 1545-0047

2017

Open to Public Inspection

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
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	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
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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
1a Beginning of year balance	2,984,239	2,723,935	2,513,610	2,653,571	2,406,200
b Contributions	187,938	74,291	190,197	92,739	
c Net investment earnings, gains, and losses	19,520	186,013	20,128	-232,700	247,371
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	3,191,697	2,984,239	2,723,935	2,513,610	2,653,571

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
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii) Yes	
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b 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
1a Land		1,511,656		1,511,656
b Buildings		23,025,658	12,568,721	10,456,937
c Leasehold improvements				
d Equipment		6,620,588	4,410,993	2,209,595
e Other		4,716,061	3,486,109	1,229,952
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				15,408,140

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	10,069,614	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12.)* ▶	10,069,614	

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)		
Total. *(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)	
Total. *(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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
ACCRUED VACATION & SICK PAY	6,425,224
DEFERRED COMPENSATION	901,020
ACCRUED POSTRETIREMENT BENEFITS	114,080,010
ACCRUED PENSION COST	3,112,938
CURRENT MATURITY OF CAPITAL LEASE OBLIGATIONS	355,337
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	124,874,529

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.

1	Total revenue, gains, and other support per audited financial statements			1	145,376,031
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	1,729,087		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	1,729,087
3	Subtract line **2e** from line **1**			3	143,646,944
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	494,182		
b	Other (Describe in Part XIII)	4b	27,268		
c	Add lines **4a** and **4b**			4c	521,450
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	144,168,394

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

1	Total expenses and losses per audited financial statements			1	136,982,413
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	136,982,413
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	494,182		
b	Other (Describe in Part XIII)	4b	27,268		
c	Add lines **4a** and **4b**			4c	521,450
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	137,503,863

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	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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 ADVAN CE 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 EDUC ATIONAL 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 E XEMPT STATUS AND HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINAN CIAL STATEMENTS. THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED I N THE FINANCIAL STATEMENTS. AT THE PRESENT TIME, NJEA IS NO LONGER SUBJECT TO INCOME TAX E XAMINATIONS 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 27,268

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	GAIN ON DISPOSAL OF FIXED ASSET 27,268

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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*.**

OMB No 1545-0047

2017

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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(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 . . . . . ▶ 28

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 6

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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.

(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
BRIDGE OF BOOKS FOUNDATION INC 309 LINDEN AVE LOCUST, NJ 07760	43-2080020	501(C)(3)		10,000			FINANCIAL SUPPORT
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

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

(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
BLUEWAVENJ 41 WATCHYNG PLAZA 332 MONTCLAIR, DC 07042	20-2813200	501(C)(4)		6,000			FINANCIAL SUPPORT
BRAIN INJURY OF ALLIANCE OF NEW JERSEY INC 825 GEORGES ROAD SECOND FLR NORTH BRUNSWICK, NJ 08902	22-2431796	501(C)(3)		16,000			FINANCIAL SUPPORT

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

(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
CONSERVE WILDLIFE FOUNDATION OF NEW JERSEY PO BOX 420 TRENTON, NJ 08625	22-3130406	501(C)(3)		10,000			FINANCIAL SUPPORT
EDUCATION LAW CENTER 60 PARK PLACE SUITE 300 NEWARK, NJ 07102	22-2014555	501(C)(3)		540,000			FINANCIAL SUPPORT

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

(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
FREDERICK L HIPP FOUNDATION 180 WEST STATE STREET TRENTON, NJ 08607	22-3277861	501(C)(3)		50,000			FINANCIAL SUPPORT
GARDEN STATE FORWARD 180 WEST STATE STREET TRENTON, NJ 08607	46-2383979	N/A		7,627,437			FINANCIAL SUPPORT

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

(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
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 S SOUTH MAIN STREET ALLENTOWN, NJ 08501	47-2471572	501(C)(3)		15,000			FINANCIAL SUPPORT

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

(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
LATINO INSTITUTE 50 PARK PLACE NEWARK, NJ 07102	20-1516874	501(C)(3)		105,000			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.

(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
NAACP NJ STATE CONFERENCE 4326 HARBOR BEACH BLVD STE 775 BRIGANTINE, NJ 08203	22-2591579	501(C)(3)		20,500			FINANCIAL SUPPORT
NATIONAL CENTER FOR FAIR AND OPEN TESTING PO BOX 300204 JAMAICA PLAIN, MA 02130	22-2653502	501(C)(3)		5,000			FINANCIAL SUPPORT

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

(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
NEW JERSEY PTA 8 QUAKERBRIDGE PLAA STE F MERCERVILLE, NJ 08619	21-0649035	501(C)(3)		5,000			FINANCIAL SUPPORT
NEW JERSEY WORKING FAMILIES ALLIANCE 30 CLINTON STREET 3RD FL NEWARK, NJ 07102	30-0427821	501(C)(4)		50,000			FINANCIAL SUPPORT

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

(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
NEW VENTURE FUND 1201 CONNECTICUT AVE NW STE 300 WASHINGTON, DC 20036	20-5806345	501(C)(3)		10,000			FINANCIAL SUPPORT
NJEA AFFILIATES RISK PURCHASING GROUP A NJ NONPROFIT CORPORATION 180 WEST STATE STREET TRENTON, NJ 08607	47-2729925	501(C)(3)		281,908			FINANCIAL SUPPORT

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

(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
NJ BLACK ISSUES CONVENTION PO BOX 1843 NEWARK, NJ 07101	22-2532996	501(C)(3)		10,000			FINANCIAL SUPPORT
NJ CENTER FOR TEACHING AND LEARNING 115 FRANKLIN TURNPIKE 203 MAHWAH, NJ 07430	77-0667571	501(C)(3)		750,000			FINANCIAL SUPPORT

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

(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
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.

(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
NJ HALL OF FAME 111 WOOD AVE S STE 600 ISELIN, NJ 08830	22-3291935	501(C)(3)		37,500			FINANCIAL SUPPORT
NJ POLICY PERSPECTIVE INC 137 W HANOVER STREET TRENTON, NJ 08618	22-3492715	501(C)(3)		185,000			FINANCIAL SUPPORT

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

(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
NJ WORK ENVIRONMENTAL COUNCIL 7 DUNMORE AVENUE 1ST FLR EAST EWING, NJ 08618	22-2751863	501(C)(3)		5,000			FINANCIAL SUPPORT
NJASECD 117 VREELAND ROAD WEST MILFORD, NJ 07480	82-0852572	501(C)(3)		5,000			FINANCIAL SUPPORT

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

(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
PROJECT RE-DIRECTYOUTH & FAMILY SERVICES INC 1872 W 7TH ST PISCATAWAY, NJ 08854	22-3465029	501(C)(3)		5,000			FINANCIAL SUPPORT
PUBLIC MEDIA NJ INC PO BOX 5776 ENGLEWOOD, NJ 07631	45-2552448	501(C)(3)		5,000			FINANCIAL SUPPORT

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

(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
SPECIAL OLYMPICS OF NEW JERSEY INC 1 EUNICE KENNEDY SHRIVER WAY LAWRENCEVILLE, NJ 08648	23-7448729	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.

(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
THE COLLEGE OF NEW JERSEY 2000 PENNINGTON ROAD EWING, NJ 08628	22-2797398	GOVERNMENTAL AGENCY		5,000			FINANCIAL SUPPORT
THE COLLEGE OF NEW JERSEY FOUNDATION INC 2000 PENNINGTON ROAD EWING, NJ 08628	22-2448189	501(C)(3)		215,000			FINANCIAL SUPPORT

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

(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
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

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
NEW JERSEY EDUCATION ASSOCIATION

Employer identification number
21-0524390

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☑ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
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	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☑ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	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			
a	Receive a severance payment or change-of-control payment?	4a	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	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			
a	The organization?	5a		
b	Any related organization?	5b		
	If "Yes," on line 5a or 5b, describe in Part III			
6	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			
a	The organization?	6a		
b	Any related organization?	6b		
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

For each individual whose compensation must be reported 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				
1WENDELL STEINHAUER EXEC COMM- IMMED PAST PRES	(i)	381,075	0	0	-82,231	21,469	320,313	0
	(ii)	0	0	0	0	0	0	0
1MARIE E BLISTAN PRESIDENT	(i)	280,680	0	0	81,219	33,606	395,505	0
	(ii)	0	0	0	0	0	0	0
2SEAN M SPILLER VICE PRESIDENT	(i)	245,828	0	0	31,023	33,606	310,457	0
	(ii)	0	0	0	0	0	0	0
3EDWARD J RICHARDSON EXECUTIVE DIRECTOR	(i)	362,305	0	0	-48,807	33,606	347,104	0
	(ii)	0	0	0	0	0	0	0
4STEVE SWETSKY ASSISTANT EXECUTIVE DIRECT	(i)	321,106	0	0	31,682	33,606	386,394	0
	(ii)	0	0	0	0	0	0	0
5MATTHEW DIRADO HR MANAGER	(i)	239,190	0	0	33,237	33,606	306,033	0
	(ii)	0	0	0	0	0	0	0
6KRISTEN BUTLER ACCOUNTING AND FINANCE MANAGER	(i)	127,471	0	0	17,419	8,249	153,139	0
	(ii)	0	0	0	0	0	0	0
7KAREN KRYVEN COMPTROLLER	(i)	272,052	0	0	17,428	12,119	301,599	0
	(ii)	0	0	0	0	0	0	0
8GINGER GOLD SCHNITZER ASSISTANT DIRECTOR, UNISER	(i)	266,438	0	0	-5,913	33,606	294,131	0
	(ii)	0	0	0	0	0	0	0
9MICHAEL COHAN DIRECTOR, PROFESSIONAL DEVELOPMENT	(i)	268,928	0	0	45,953	33,606	348,487	0
	(ii)	0	0	0	0	0	0	0
10JAMES LOPER REGIONAL DIRECTOR, UNISERV	(i)	264,218	0	0	67,414	33,606	365,238	0
	(ii)	0	0	0	0	0	0	0
11AL RAMEY ASSISTANT DIRECTOR, UNISER	(i)	276,623	0	0	29,702	33,606	339,931	0
	(ii)	0	0	0	0	0	0	0

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2017

Open to Public Inspection

Name 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 I S 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 CONTITUTION AMENDMENTS TO NEW JERSEY EDUCATION ASSOCIATION'S CONSTITUTION MAY BE PROPOSED FOR CONSIDERATION BY A MAJORITY VOTE OF THE DELEGATE ASSEMBLY, OR MAY BE PROPOSED BY A PETITION SIGNED BY NOT LESS THAN 500 ACTIVE MEMBERS OF THE ASSOCIATION AMENDMENTS SO PROPOSED SHALL BE PUBLISHED IN FULL IN THE OFFICIAL PUBLICATION OF THE ASSOCIATION AND SHALL THEN BE SUBMITTED BY BALLOT TO THE ACTIVE MEMBERS OF THE ASSOCIATION UNDER THE PROVISIONS GOVERNING THE ELECTION OF OFFICERS VOTING ON AMENDMENTS MAY TAKE PLACE REGARDLESS OF WHETHER THE ELECTION OF OFFICERS IS ALSO TAKING PLACE A TWO-THIRDS VOTE OF ALL BALLOTS CAST ON THE AMENDMENT SHALL BE NECESSARY FOR ITS ADOPTION AMENDEMENT TO NJEA'S BY-LAWS MUST BE APPROVED BY A MAJORITY VOTE OF THE EXECUTIVE COMMITTEE OR AT MAJORITY VOTE OF THE DELEGATE ASSEMBLY AMENDMENTS SO PROPOSED SHALL BE SUBMITTED TO THE CONSTITUTION REVIEW COMMITTEE FOR REVEIW 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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY FOR NJEA OFFICIALS NO NJEA OFFICIAL SH ALL, 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 APPEAR ANCE OF A CONFLICT WITH, THE PROPER AND FAITHFUL PERFORMANCE OF HIS OR HER NJEA RESPONSIBI LITIES A COPY OF THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO ALL NJEA OFFICIALS, AL L 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 WH ICH HE/SHE KNOWS OR HAS REASON TO BELIEVE IS OFFERED TO HIM/HER WITH THE INTENT TO INFLUEN CE HIM/HER IN THE PERFORMANCE OF HIS/HER NJEA DUTIES AND RESPONSIBILITIES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	EXECUTIVE DIRECTOR, MANAGEMENT AND KEY EMPLOYEE COMPENSATION THE ORGANIZATION COLLECTED C OMPARATIVE 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' COMPENSATI ON 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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	FASB ASC 715 OTHER COMPREHENSIVE INCOME 66,979,483

990 Schedule O, Supplemental Information

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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2017

Open to Public Inspection

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	(g) Section 512(b)(13) controlled entity? 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? Yes	(h) Disproportionate allocations? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership

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	(i) Section 512(b)(13) controlled entity? 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
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or**(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete 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	863,861	CASH
(2)GARDEN STATE FORWARD	B	7,627,437	CASH
(3)NJEA AFFILIATES RISK GROUP	B	281,908	CASH
(4)NJEA FREDERICK L HIPP FOUNDATION	B	50,000	CASH
(5)NJEA HEALTH & WELFARE BENEFIT TRUST	R	4,987,449	CASH

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

Part VII **Supplemental Information**

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

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
180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 91-2003765	HEALTH AND WELFARE BENEFITS	NJ	501(C)(9)				No
180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 22-2306050	LABOR ORGANIZATION	NJ	501(C)(5)				No
180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 22-2165927	CHARITABLE ORGANIZATION	NJ	501(C)(3)	509(A)(3)			No
180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 21-0524390	PENSION FUND	NJ	401(A)/501(A)				No
180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 21-0524390	PENSION FUND	NJ	401(A)/501(A)				No
180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 22-2911965	POLITICAL ACTION COMMITTEE	NJ	SECTION 527				No
180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 22-3277861	CHARITABLE ORGANIZATION	NJ	501(C)(3)	170(B)(1)(A)(VI)			No
180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 13-4270499	WELFARE BENEFIT FUND	NJ	501(C)(9)				No
180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 46-2383979	POLITICAL ACTION COMMITTEE	NJ	SECTION 527				No
180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 47-2729925	CHARITABLE ORGANIZATION	NJ	501(C)(3)				No

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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 09-01-2018 , and ending 08-31-2019

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 $ 205,068,553

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)

H(c) Group exemption number ▶

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

J Website: ▶ WWW NJEA ORG

K Form of organization ☐ Corporation ☐ Trust ☑ Association ☐ Other ▶

L Year of formation 1853

M State of legal domicile NJ

Part I Summary

Activities & Governance

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	40
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	34
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	559
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	231,535
b Net unrelated business taxable income from Form 990-T, line 34	7b	-132,390

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	6,910,138	6,374,304
9 Program service revenue (Part VIII, line 2g)	131,277,232	134,498,536
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,930,106	8,996,163
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	50,918	78,156
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	144,168,394	149,947,159

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	10,821,245	5,520,757
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	66,184,287	53,066,986
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	60,498,331	57,589,271
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	137,503,863	116,177,014
19 Revenue less expenses Subtract line 18 from line 12	6,664,531	33,770,145

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	163,251,228	179,145,054
21 Total liabilities (Part X, line 26)	130,326,003	214,776,708
22 Net assets or fund balances Subtract line 21 from line 20	32,925,225	-35,631,654

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 — 2020-07-13 Date

STEVE BEATTY SECRETARY-TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2020-07-13		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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE MISSION OF THE NEW JERSEY EDUCATION ASSOCIATION IS TO ADVANCE AND PROTECT THE RIGHTS, BENEFITS, AND INTERESTS OF MEMBERS, AND PROMOTE A QUALITY SYSTEM OF PUBLIC EDUCATION FOR ALL STUDENTS

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ including grants of $) (Revenue $)

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
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		No
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3	Yes	
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	361		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 559				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**	Yes		
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**	Yes		
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**	Yes		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**		No	
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**		No	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		No	
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**		No	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . **10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**				
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders **11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) **11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**				
c	Enter the amount of reserves on hand **13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		No	
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	**15**		No	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	**16**		No	

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions*
Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	40		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	34		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records
▶ACCOUNTING MANAGER 180 W STATE STREET PO BOX 1211 TRENTON, NJ 086071211 (609) 599-4561

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)*

(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										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, **Section A** ▶										
d Total (add lines 1b and 1c) ▶								3,682,030	0	6,840,157

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 ▶ 149

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NEW MEDIA FIRM 1730 RHODE ISLAND AVE NW STE 213 WASHINGTON, DC 20036	CONSULTANT	6,571,798
CARUSO SMITH EDELL PICINI PC 60 ROUTE 46 EAST FAIRFIELD, NJ 07004	LEGAL SERVICES	3,048,734
SELIKOFF & COHEN PA 700 EAST GATE DRIVE SUITE 502 MT LAUREL, NJ 08054	LEGAL SERVICES	2,031,117
ZAZZALI FAGELLA NOWAK KLEINBAUM & FREI 570 BROAD STREET SUITE 1402 NEWARK, NJ 07102	LEGAL SERVICES	1,962,188
DUPUY CONSTRUCTION SERVICES INC 25 SOUTH MAIN ST 5 YARDLEY, PA 19067	CONSTRUCTION	1,327,411

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 ▶ 82

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . 1a				
	b Membership dues . . 1b				
	c Fundraising events . . 1c				
	d Related organizations 1d				
	e Government grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	6,374,304			
	g Noncash contributions included in lines 1a - 1f $ _____				
	h **Total.** Add lines 1a-1f . . . . . ▶	6,374,304			
Program Service Revenue		Business Code			
	2a MEMBERSHIP DUES	900099	132,883,735	132,883,735	
	b CONFERENCES	900099	762,931	762,931	
	c CONVENTION	900099	539,792	539,792	
	d PUBLICATION INCOME	511190	231,535		231,535
	e ROYALTY INCOME	900099	80,543		80,543
	f All other program service revenue				
	g **Total.** Add lines 2a-2f . . . . ▶	134,498,536			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	7,050,319			7,050,319
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents				
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) . . . . ▶				
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	57,039,119	28,119		
	b Less cost or other basis and sales expenses	55,079,915	41,479		
	c Gain or (loss)	1,959,204	-13,360		
	d Net gain or (loss) . . . . . ▶	1,945,844			1,945,844
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . a				
	b Less direct expenses . . . b				
	c Net income or (loss) from fundraising events . . ▶				
	9a Gross income from gaming activities See Part IV, line 19 . . . a				
	b Less direct expenses . . . b				
	c Net income or (loss) from gaming activities . . ▶				
	10a Gross sales of inventory, less returns and allowances . . a				
	b Less cost of goods sold . . b				
	c Net income or (loss) from sales of inventory . . ▶				
	Miscellaneous Revenue	Business Code			
	11a OTHER INCOME	900099	78,156		78,156
	b				
	c				
	d All other revenue				
	e **Total.** Add lines 11a-11d . . . . . ▶	78,156			
	12 **Total revenue.** See Instructions . . . . ▶	149,947,159	134,186,458	231,535	9,154,862

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,520,757			
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,103,126			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	31,120,963			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,957,432			
9 Other employee benefits	10,643,783			
10 Payroll taxes	2,241,682			
11 Fees for services (non-employees)				
a Management				
b Legal	13,554,957			
c Accounting	138,800			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	536,571			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,827,471			
12 Advertising and promotion	7,182,262			
13 Office expenses	3,303,654			
14 Information technology	1,757,010			
15 Royalties				
16 Occupancy	3,334,428			
17 Travel	3,258,516			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,114,514			
20 Interest				
21 Payments to affiliates	4,895,547			
22 Depreciation, depletion, and amortization	2,318,121			
23 Insurance	557,638			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ORGANIZING EXPENSES	7,247,705			
b TRAINING PROG & SERV	3,095,891			
c PUBLIC/GOVERNMENT RELAT	657,701			
d COMMITTEE EXPENSES	357,926			
e All other expenses	450,559			
25 **Total functional expenses.** Add lines 1 through 24e	116,177,014			
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		10,327,428	1	13,392,008
	2	Savings and temporary cash investments		458,291	2	602,951
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,245,260	4	564,425
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		3,344	8	4,119
	9	Prepaid expenses and deferred charges		756,172	9	729,058
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 38,823,546			
	b	Less accumulated depreciation	10b 22,755,825	15,408,140	10c	16,067,721
	11	Investments—publicly traded securities		123,642,282	11	135,306,403
	12	Investments—other securities See Part IV, line 11		10,069,614	12	10,814,008
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,340,697	15	1,664,361
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		163,251,228	16	179,145,054
Liabilities	17	Accounts payable and accrued expenses		4,307,345	17	5,553,667
	18	Grants payable			18	
	19	Deferred revenue		1,144,129	19	1,144,389
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D		124,874,529	25	208,078,652
	26	**Total liabilities.** Add lines 17 through 25		130,326,003	26	214,776,708
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		31,317,882	27	-35,990,789
	28	Temporarily restricted net assets		1,607,343	28	359,135
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		32,925,225	33	-35,631,654
	34	Total liabilities and net assets/fund balances		163,251,228	34	179,145,054

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	149,947,159
2	Total expenses (must equal Part IX, column (A), line 25)	2	116,177,014
3	Revenue less expenses Subtract line 2 from line 1	3	33,770,145
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	32,925,225
5	Net unrealized gains (losses) on investments	5	-5,342,517
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-96,984,507
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-35,631,654

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

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

Form 990 (2018)

Form 990, Part III, Line 4a:

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

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			
ROBERT M LAMORTE EXECUTIVE COMMITTEE	2 00	X						3,146	0	0
FRANCISCO C BARQUIN EXECUTIVE COMMITTEE	2 00	X						3,146	0	0
LAURIE T GIBSON-PARKER EXECUTIVE COMMITTEE	2 00	X						0	0	0
JACQUI GREADINGTON EXECUTIVE COMMITTEE	2 00	X						0	0	0
CHRISTINE ONORATO EXECUTIVE COMMITTEE	2 00	X						3,146	0	0
CHRISTINE SAMPSON-CLARK EXECUTIVE COMMITTEE	2 00	X						3,146	0	0
ANITA KOBER EXECUTIVE COMMITTEE	2 00	X						3,146	0	0
RICHARD F D'AVANZO EXECUTIVE COMMITTEE	2 00	X						3,146	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						3,996	0	0
JAMES R FRAZIER EXECUTIVE COMMITTEE	2 00	X						3,146	0	0
RONALD F GRECO EXECUTIVE COMMITTEE	2 00	X						3,146	0	0
PETER A HELFF EXECUTIVE COMMITTEE	2 00	X						3,146	0	0
AARON P HONAKER EXECUTIVE COMMITTEE	2 00	X						3,146	0	0
ANDREW M JACOBS EXECUTIVE COMMITTEE	2 00	X						3,146	0	0
SUSAN C MANIGLIA EXECUTIVE COMMITTEE	2 00	X						3,146	0	0
SUSAN S BUTTERFIELD EXECUTIVE COMMITTEE	2 00	X						3,146	0	0
ELIZABETH MILLER EXECUTIVE COMMITTEE	2 00	X						3,146	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						3,215	0	0
VICTORIA D MCKEON EXECUTIVE COMMITTEE	2 00	X						3,146	0	0
ROBIN C HOLCOMBE 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						3,248	0	0
ANDREW POLICASTRO EXECUTIVE COMMITTEE	2 00	X						3,146	0	0
ASHANTI T RANKIN EXECUTIVE COMMITTEE	2 00	X						3,146	0	0
KIMBERLY L SCOTT EXECUTIVE COMMITTEE	2 00	X						3,146	0	0
ANN MARGARET SHANNON 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			
FRANK E TOTH EXECUTIVE COMMITTEE	2 00	X						3,146	0	0
MARILYN WEEKS-RYAN EXECUTIVE COMMITTEE	2 00	X						3,146	0	0
LOIS YUKNA EXECUTIVE COMMITTEE	2 00	X						3,239	0	0
BRENDA BRATHWAITE EXECUTIVE COMMITTEE	2 00	X						0	0	0
KERRI LEE FARRELL EXECUTIVE COMMITTEE	2 00	X						0	0	0
AMY L SALNGER EXECUTIVE COMMITTEE	2 00	X						0	0	0
VALERIE C REYNOLDS EXECUTIVE COMMITTEE	2 00	X						0	0	0
MARIE E BLISTAN PRESIDENT	40 00			X				367,178	0	277,901
SEAN M SPILLER VICE PRESIDENT	40 00			X				246,319	0	188,439
STEVE BEATTY SECRETARY-TREASURER	40 00			X				241,426	0	115,122

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
EDWARD J RICHARDSON EXECUTIVE DIRECTOR	40.00				X			369,663	0	727,662
STEVE SWETSKY ASSISTANT EXECUTIVE DIRECT	40.00				X			333,912	0	475,055
MATTHEW DIRADO HR MANAGER	40.00				X			248,385	0	190,148
KRISTEN BUTLER ACCOUNTING AND FINANCE MAN	40.00				X			222,146	0	70,842
KAREN KRYVEN COMPTROLLER	40.00					X		275,079	0	426,593
GINGER GOLD SCHNITZER ASSISTANT DIRECTOR, UNISER	40.00					X		281,643	0	2,510,788
MICHAEL COHAN DIRECTOR, PROFESSIONAL DEV	40.00					X		288,662	0	258,525
JAMES LOPER REGIONAL DIRECTOR, UNISERV	40.00					X		271,789	0	391,823
KEVIN KELLEHER DIRECTOR, RESEARCH & ECONOMIC SERVICES	40.00					X		279,021	0	1,024,288
WENDELL STEINHAUER EXEC COMM- IMMED PAST PRES	40.00						X	158,167	0	182,971

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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.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

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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	Employer identification number
NEW JERSEY EDUCATION ASSOCIATION	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 (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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		826,860
2				
3				
4				
5				
6				

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period: Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, 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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ 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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

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
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	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
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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
1a Beginning of year balance	3,191,697	2,984,239	2,723,935	2,513,610	2,653,571
b Contributions		187,938	74,291	190,197	92,739
c Net investment earnings, gains, and losses		19,520	186,013	20,128	-232,700
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	3,191,697	3,191,697	2,984,239	2,723,935	3,513,610

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
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii) Yes	
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b 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
1a Land		1,511,656		1,511,656
b Buildings		25,190,727	13,537,724	11,653,003
c Leasehold improvements				
d Equipment		7,314,649	5,225,044	2,089,605
e Other		4,806,514	3,993,057	813,457
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				16,067,721

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	10,814,008	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12.)* ▶	10,814,008	

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)		
Total. *(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)	
Total. *(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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
ACCRUED VACATION & SICK PAY	6,210,411
DEFERRED COMPENSATION	542,325
ACCRUED POSTRETIREMENT BENEFITS	154,320,150
ACCRUED PENSION COST	46,660,247
CURRENT MATURITY OF CAPITAL LEASE OBLIGATIONS	345,519
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	208,078,652

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.

1	Total revenue, gains, and other support per audited financial statements			1	144,081,431
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-5,342,517		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	13,360		
e	Add lines **2a** through **2d**			2e	-5,329,157
3	Subtract line **2e** from line **1**			3	149,410,588
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	536,571		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	536,571
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	149,947,159

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

1	Total expenses and losses per audited financial statements			1	115,653,803
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	13,360		
e	Add lines **2a** through **2d**			2e	13,360
3	Subtract line **2e** from line **1**			3	115,640,443
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	536,571		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	536,571
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	116,177,014

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	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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 ADVAN CE 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 EDUC ATIONAL 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 E XEMPT STATUS AND HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINAN CIAL STATEMENTS. THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED I N THE FINANCIAL STATEMENTS. AT THE PRESENT TIME, NJEA IS NO LONGER SUBJECT TO INCOME TAX E XAMINATIONS BY U.S. FEDERAL, STATE, OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2010

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	LOSS ON SALE OF FIXED ASSET 13,360

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	LOSS ON DISPOSAL OF FIXED ASSET 13,360

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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.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(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 . . . . . ▶ 20

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 6

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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.

(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
ANTI-POVERTY NETWORK OF NJ INC 272 DUNNS MILL RD 327 BORDENTOWN, NJ 08505	47-1573700	501(C)(3)	5,000				FINANCIAL SUPPORT
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

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

(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
BLUEWAVENJ 41 WATCHYNG PLAZA 332 MONTCLAIR, DC 07042	20-2813200	501(C)(4)	5,000				FINANCIAL SUPPORT
BRAIN INJURY OF ALLIANCE OF NEW JERSEY INC 825 GEORGES ROAD SECOND FLR NORTH BRUNSWICK, NJ 08902	22-2431796	501(C)(3)	15,000				FINANCIAL SUPPORT

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

(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
CONSERVE WILDLIFE FOUNDATION OF NEW JERSEY PO BOX 420 TRENTON, NJ 08625	22-3130406	501(C)(3)	10,000				FINANCIAL SUPPORT
DRUMTHWACKET FOUNDATION INC 354 STOCKTON STREET PRINCETON, NJ 08540	22-2429563	501(C)(3)	10,000				FINANCIAL SUPPORT

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

(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
EDUCATION LAW CENTER 60 PARK PLACE SUITE 300 NEWARK, NJ 07102	22-2014555	501(C)(3)	555,000				FINANCIAL SUPPORT
EMERGE NEW JERSEY PO BOX 354 MARTINSVILLE, NJ 08836		N/A	6,350				FINANCIAL SUPPORT

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

(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
GARDEN STATE FORWARD 180 WEST STATE STREET TRENTON, NJ 08607	46-2383979	N/A	3,113,584				FINANCIAL SUPPORT
GREAT LAKES CENTER FOR EDUCATION RESEARCH AND PRACTICE PO BOX 1263 EAST LANSING, MI 48826	38-3555110	501(C)(3)	10,000				FINANCIAL SUPPORT

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

(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
HOUSING & COMMUNITY DEVELOPMENT NETWORK OF NEW JERSEY INC 145 WEST HANOVER STREET TRENTON, NJ 08618	22-2982197	501(C)(3)	5,000				FINANCIAL SUPPORT
LEARNING FORWARD NEW JERSEY 420 JEFFERSON ST 4B HOBOKEN, NJ 07030		N/A	5,000				FINANCIAL SUPPORT

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

(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
LATINO INSTITUTE 50 PARK PLACE NEWARK, NJ 07102	20-1516874	501(C)(3)	15,000				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.

(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
NEA LGBTQ 2321 EAST 4TH STREET C438 SANTA ANA, CA 92705	27-4333490	501(C)(3)	5,000				FINANCIAL SUPPORT
NJ BLACK ISSUES CONVENTION PO BOX 1843 NEWARK, NJ 07101	22-2532996	501(C)(3)	5,000				FINANCIAL SUPPORT

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

(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
NJ CENTER FOR TEACHING AND LEARNING 115 FRANKLIN TURNPIKE 203 MAHWAH, NJ 07430	77-0667571	501(C)(3)	750,000				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.

(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
NJ POLICY PERSPECTIVE INC 137 W HANOVER STREET TRENTON, NJ 08618	22-3492715	501(C)(3)	150,500				FINANCIAL SUPPORT
NJ WORK ENVIRONMENTAL COUNCIL 7 DUNMORE AVENUE 1ST FLR EAST EWING, NJ 08618	22-2751863	501(C)(3)	105,000				FINANCIAL SUPPORT

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

(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
PROJECT RE-DIRECTYOUTH & FAMILY SERVICES INC 1872 W 7TH ST PISCATAWAY, NJ 08854	22-3465029	501(C)(3)	5,000				FINANCIAL SUPPORT
SISTER JEAN'S KITCHEN PO BOX 5146 ATLANTIC CITY, NJ 08404	22-3363270	501(C)(3)	10,000				FINANCIAL SUPPORT

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

(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
SUSAN G KOMEN BREAST CANCER FOUNDATION TWO PRINCESS RD STE D LAWRENCEVILLE, NJ 08648	43-2052349	501(C)(3)	15,000				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.

(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
THE COLLEGE OF NEW JERSEY FOUNDATION INC 2000 PENNINGTON ROAD EWING, NJ 08628	22-2448189	501(C)(3)	215,000				FINANCIAL SUPPORT
THE NEA FOUNDATION 1201 16TH ST NW STE 416 WASHINGTON, DC 20036	23-7035089	501(C)(3)	12,500				FINANCIAL SUPPORT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
NEW JERSEY EDUCATION ASSOCIATION

Employer identification number
21-0524390

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☑ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
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	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☑ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	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			
a	Receive a severance payment or change-of-control payment?	4a	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	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			
a	The organization?	5a		
b	Any related organization?	5b		
	If "Yes," on line 5a or 5b, describe in Part III			
6	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			
a	The organization?	6a		
b	Any related organization?	6b		
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

For each individual whose compensation must be reported 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.

Return Reference	Explanation
PART I, LINES 4A-B	WENDELL STEINHAUER - SEVERANCE PAY OF $145,735

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				
MARIE E BLISTAN PRESIDENT	(i)	367,178	0	0	240,665	37,236	645,079	0
	(ii)	0	0	0	0	0	0	0
SEAN M SPILLER VICE PRESIDENT	(i)	246,319	0	0	151,203	37,236	434,758	0
	(ii)	0	0	0	0	0	0	0
STEVE BEATTY SECRETARY-TREASURER	(i)	241,426	0	0	77,886	37,236	356,548	0
	(ii)	0	0	0	0	0	0	0
EDWARD J RICHARDSON EXECUTIVE DIRECTOR	(i)	369,663	0	0	590,426	37,236	1,097,325	0
	(ii)	0	0	0	0	0	0	0
STEVE SWETSKY ASSISTANT EXECUTIVE DIRECT	(i)	333,912	0	0	437,819	37,236	808,967	0
	(ii)	0	0	0	0	0	0	0
MATTHEW DIRADO HR MANAGER	(i)	248,385	0	0	152,912	37,236	438,533	0
	(ii)	0	0	0	0	0	0	0
KRISTEN BUTLER ACCOUNTING AND FINANCE MAN	(i)	222,146	0	0	57,411	13,431	292,988	0
	(ii)	0	0	0	0	0	0	0
KAREN KRYVEN COMPTROLLER	(i)	275,079	0	0	413,162	13,431	701,672	0
	(ii)	0	0	0	0	0	0	0
GINGER GOLD SCHNITZER ASSISTANT DIRECTOR, UNISER	(i)	281,643	0	0	2,473,552	37,236	2,792,431	0
	(ii)	0	0	0	0	0	0	0
MICHAEL COHAN DIRECTOR, PROFESSIONAL DEV	(i)	288,662	0	0	221,289	37,236	547,187	0
	(ii)	0	0	0	0	0	0	0
JAMES LOPER REGIONAL DIRECTOR, UNISERV	(i)	271,789	0	0	354,587	37,236	663,612	0
	(ii)	0	0	0	0	0	0	0
KEVIN KELLEHER DIRECTOR, RESEARCH & ECONOMIC SERVIC	(i)	279,021	0	0	1,000,010	24,278	1,303,309	0
	(ii)	0	0	0	0	0	0	0
WENDELL STEINHAUER EXEC COMM- IMMED PAST PRES	(i)	158,167	0	0	145,735	37,236	341,138	0
	(ii)	0	0	0	0	0	0	0

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name 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 I S 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 CONTITUTION AMENDMENTS TO NEW JERSEY EDUCATION ASSOCIATION'S CONSTITUTION MAY BE PROPOSED FOR CONSIDERATION BY A MAJORITY VOTE OF THE DELEGATE ASSEMBLY, OR MAY BE PROPOSED BY A PETITION SIGNED BY NOT LESS THAN 500 ACTIVE MEMBERS OF THE ASSOCIATION AMENDMENTS SO PROPOSED SHALL BE PUBLISHED IN FULL IN THE OFFICIAL PUBLICATION OF THE ASSOCIATION AND SHALL THEN BE SUBMITTED BY BALLOT TO THE ACTIVE MEMBERS OF THE ASSOCIATION UNDER THE PROVISIONS GOVERNING THE ELECTION OF OFFICERS VOTING ON AMENDMENTS MAY TAKE PLACE REGARDLESS OF WHETHER THE ELECTION OF OFFICERS IS ALSO TAKING PLACE A TWO-THIRDS VOTE OF ALL BALLOTS CAST ON THE AMENDMENT SHALL BE NECESSARY FOR ITS ADOPTION AMENDEMENT TO NJEA'S BY-LAWS MUST BE APPROVED BY A MAJORITY VOTE OF THE EXECUTIVE COMMITTEE OR AT MAJORITY VOTE OF THE DELEGATE ASSEMBLY AMENDMENTS SO PROPOSED SHALL BE SUBMITTED TO THE CONSTITUTION REVIEW COMMITTEE FOR REVEIW 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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY FOR NJEA OFFICIALS NO NJEA OFFICIAL SH ALL, 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 APPEAR ANCE OF A CONFLICT WITH, THE PROPER AND FAITHFUL PERFORMANCE OF HIS OR HER NJEA RESPONSIBI LITIES A COPY OF THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO ALL NJEA OFFICIALS, AL L 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 WH ICH HE/SHE KNOWS OR HAS REASON TO BELIEVE IS OFFERED TO HIM/HER WITH THE INTENT TO INFLUEN CE HIM/HER IN THE PERFORMANCE OF HIS/HER NJEA DUTIES AND RESPONSIBILITIES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	EXECUTIVE DIRECTOR, MANAGEMENT AND KEY EMPLOYEE COMPENSATION THE ORGANIZATION COLLECTED C OMPARATIVE 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' COMPENSATI ON 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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	FASB ASC 715 OTHER COMPREHENSIVE INCOME -96,984,507

990 Schedule O, Supplemental Information

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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete 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	826,860	CASH
(2)GARDEN STATE FORWARD	B	3,113,584	CASH
(3)NJEA AFFILIATES RISK GROUP	B	246,095	CASH
(4)NJEA HEALTH & WELFARE BENEFIT TRUST	R	25,193,151	CASH

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 91-2003765	HEALTH AND WELFARE BENEFITS	NJ	501(C)(9)				No
180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 22-2306050	LABOR ORGANIZATION	NJ	501(C)(5)				No
180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 22-2165927	CHARITABLE ORGANIZATION	NJ	501(C)(3)	509(A)(3)			No
180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 21-0524390	PENSION FUND	NJ	401(A)/501(A)				No
180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 21-0524390	PENSION FUND	NJ	401(A)/501(A)				No
180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 22-2911965	POLITICAL ACTION COMMITTEE	NJ	SECTION 527				No
180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 22-3277861	CHARITABLE ORGANIZATION	NJ	501(C)(3)	170(B)(1)(A)(VI)			No
180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 13-4270499	WELFARE BENEFIT FUND	NJ	501(C)(9)				No
180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 46-2383979	POLITICAL ACTION COMMITTEE	NJ	SECTION 527				No
180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 47-2729925	CHARITABLE ORGANIZATION	NJ	501(C)(3)	LINE 12A, I			No
180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 36-4929813	SCHOOL	NJ	501(C)(3)	LINE 2			No

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.

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 09-01-2019 , and ending 08-31-2020

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 $ 168,299,508

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)

H(c) Group exemption number ▶

I Tax-exempt status: ☐ 501(c)(3) ☑ 501(c) (5) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.NJEA.ORG

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.

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	38
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	34
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	513
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	242,509
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	-273,243

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	6,374,304	5,727,114
9	Program service revenue (Part VIII, line 2g)	134,498,536	136,847,638
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,996,163	7,691,587
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	78,156	74,848
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	149,947,159	150,341,187
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,520,757	15,841,641
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	940,527
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	53,066,986	66,562,371
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	57,589,271	59,468,400
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	116,177,014	142,812,939
19	Revenue less expenses. Subtract line 18 from line 12	33,770,145	7,528,248

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	179,145,054	187,542,897
21	Total liabilities (Part X, line 26)	214,776,708	176,739,209
22	Net assets or fund balances. Subtract line 21 from line 20	-35,631,654	10,803,688

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: 2021-06-30

STEVE BEATTY SECRETARY-TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2021-06-29		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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE MISSION OF THE NEW JERSEY EDUCATION ASSOCIATION IS TO ADVANCE AND PROTECT THE RIGHTS, BENEFITS, AND INTERESTS OF MEMBERS, AND PROMOTE A QUALITY SYSTEM OF PUBLIC EDUCATION FOR ALL STUDENTS.

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

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

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

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

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

4a (Code:) (Expenses $ including grants of $) (Revenue $)

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

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

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

4e **Total program service expenses** ▶

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		No
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3	Yes	
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	391		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	513		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**	No
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			**7f**	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			**16**	No

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	38		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	34		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶ACCOUNTING MANAGER 180 W STATE STREET PO BOX 1211 TRENTON,NJ086071211(609) 599-4561

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.

See instructions for the order in which to list the persons above.

☐ 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			
(1) ROBERT M LAMORTE EXECUTIVE COMMITTEE	2.00	X						3,146	0	0
(2) FRANCISCO C BARQUIN EXECUTIVE COMMITTEE	2.00	X						3,146	0	0
(3) LAURIE T GIBSON-PARKER EXECUTIVE COMMITTEE	2.00	X						4,286	0	0
(4) AMBER M INGRAM EXECUTIVE COMMITTEE	2.00	X						0	0	0
(5) CHRISTINE ONORATO EXECUTIVE COMMITTEE	2.00	X						3,146	0	0
(6) CHRISTINE SAMPSON-CLARK EXECUTIVE COMMITTEE	2.00	X						3,146	0	0
(7) ANITA KOBER EXECUTIVE COMMITTEE	2.00	X						3,146	0	0
(8) RICHARD F D'AVANZO EXECUTIVE COMMITTEE	2.00	X						3,146	0	0
(9) SUSAN J DAVIS EXECUTIVE COMMITTEE	2.00	X						3,418	0	0
(10) JO-ANNE A MONTANTI EXECUTIVE COMMITTEE	2.00	X						0	0	0
(11) BEVERLY A FIGLIOLI EXECUTIVE COMMITTEE	2.00	X						4,286	0	0
(12) JAMES R FRAZIER EXECUTIVE COMMITTEE	2.00	X						3,146	0	0
(13) RONALD F GRECO EXECUTIVE COMMITTEE	2.00	X						3,146	0	0
(14) PETER A HELFF EXECUTIVE COMMITTEE	2.00	X						3,146	0	0
(15) AARON P HONAKER EXECUTIVE COMMITTEE	2.00	X						3,146	0	0
(16) ANDREW M JACOBS EXECUTIVE COMMITTEE	2.00	X						3,414	0	0
(17) SUSAN C MANIGLIA EXECUTIVE COMMITTEE	2.00	X						3,146	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) SUSAN S BUTTERFIELD EXECUTIVE COMMITTEE	2.00	X						3,146	0	0
(19) ELIZABETH MILLER EXECUTIVE COMMITTEE	2.00	X						3,348	0	0
(20) SUSAN MCBRIDE EXECUTIVE COMMITTEE	2.00	X						3,146	0	0
(21) PETER J MORAN EXECUTIVE COMMITTEE	2.00	X						4,286	0	0
(22) STACEY SALERNO EXECUTIVE COMMITTEE	2.00	X						0	0	0
(23) SUSAN R VALA EXECUTIVE COMMITTEE	2.00	X						0	0	0
(24) DEANNA J NICOSIA-JONES EXECUTIVE COMMITTEE	2.00	X						3,146	0	0
(25) JUDITH C PERKINS EXECUTIVE COMMITTEE	2.00	X						3,146	0	0
(26) ANDREW POLICASTRO EXECUTIVE COMMITTEE	2.00	X						3,247	0	0
(27) ASHANTI T RANKIN EXECUTIVE COMMITTEE	2.00	X						3,146	0	0
(28) KIMBERLY L SCOTT EXECUTIVE COMMITTEE	2.00	X						3,146	0	0
(29) ANN MARGARET SHANNON EXECUTIVE COMMITTEE	2.00	X						3,146	0	0
(30) MARILYN WEEKS EXECUTIVE COMMITTEE	2.00	X						3,146	0	0
(31) LOIS YUKNA EXECUTIVE COMMITTEE	2.00	X						3,365	0	0
(32) KERRI LEE FARRELL EXECUTIVE COMMITTEE	2.00	X						3,322	0	0
(33) AMY L SALNGER EXECUTIVE COMMITTEE	2.00	X						3,146	0	0
(34) VALERIE C REYNOLDS EXECUTIVE COMMITTEE	2.00	X						3,773	0	0
(35) MARIE E BLISTAN PRESIDENT	40.00			X				371,199	0	228,262
(36) SEAN M SPILLER VICE PRESIDENT	40.00			X				245,048	0	152,528
(37) STEVE BEATTY SECRETARY-TREASURER	40.00			X				246,610	0	125,435
(38) EDWARD J RICHARDSON EXECUTIVE DIRECTOR (P)	40.00				X			338,022	0	2,147,335
(39) STEVE SWETSKY EXECUTIVE DIRECTOR	40.00				X			347,178	0	264,866
(40) MATTHEW DIRADO HR MANAGER	40.00				X			257,477	0	157,471
(41) KRISTEN BUTLER ACCOUNTING AND FINANCE MAN	40.00				X			231,483	0	110,523
(42) THOMAS HARDY REGIONAL DIRECTOR, UNISERV	40.00				X			283,227	0	508,667
(43) STEVEN BAKER DIRECTOR, COMMUNICATIONS	40.00					X		278,517	0	313,187
(44) KAREN KRYVEN COMPTROLLER	40.00					X		288,454	0	254,626
(45) MICHAEL COHAN DIRECTOR, PROFESSIONAL DEV	40.00					X		298,667	0	180,829
(46) JAMES LOPER REGIONAL DIRECTOR, UNISERV	40.00					X		290,794	0	234,905
(47) KEVIN KELLEHER DIRECTOR, RESEARCH & ECONO	40.00					X		311,119	0	368,744
(48) WENDELL STEINHAUER FORMER OFFICER	0.00						X	108,185	0	0
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								3,995,645	0	5,047,378

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 ▶ 151

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NEW MEDIA FIRM 1730 RHODE ISLAND AVE NW STE 213 WASHINGTON, DC 20036	CONSULTANT	7,527,352
CARUSO SMITH EDELL PICINI PC 60 ROUTE 46 EAST FAIRFIELD, NJ 07004	LEGAL SERVICES	2,523,042
ZAZZALI FAGELLA NOWAK KLEINBAUM & FRE1 570 BROAD STREET SUITE 1402 NEWARK, NJ 07102	LEGAL SERVICES	2,169,403
SELIKOFF & COHEN PA 700 EAST GATE DRIVE SUITE 502 MT LAUREL, NJ 08054	LEGAL SERVICES	2,072,356
SKANSKA USA BUILDING INC 518 E TOWNSHIP LINE RD STE 200 BLUE BELL, PA 19422	CONSTRUCTION	1,893,119

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 ▶ 70

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,727,114			
	g Noncash contributions included in lines 1a - 1f: $	1g				
	h **Total.** Add lines 1a-1f		5,727,114			
Program Service Revenue		Business Code				
	2a MEMBERSHIP DUES	900099	135,497,060	135,497,060		
	b CONVENTION	900099	498,405	498,405		
	c CONFERENCES	900099	418,528	418,528		
	d PUBLICATION INCOME	511190	242,509		242,509	
	e ROYALTY INCOME	900099	101,136			101,136
	f All other program service revenue.		90,000	90,000		
	9 **Total.** Add lines 2a–2f		136,847,638			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		5,655,958			5,655,958
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents	6a				
	b Less: rental expenses	6b				
	c Rental income or (loss)	6c				
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a	19,993,950			
	b Less: cost or other basis and sales expenses	7b	17,958,321			
	c Gain or (loss)	7c	2,035,629			
	d Net gain or (loss)		2,035,629			2,035,629
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
	b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	9a				
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	10a				
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a OTHER INCOME	900099	74,848			74,848
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d		74,848			
	12 **Total revenue.** See instructions		150,341,187	136,503,993	242,509	7,867,571

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	15,841,641			
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members	940,527			
5 Compensation of current officers, directors, trustees, and key employees	5,743,959			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	32,108,188			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	15,270,083			
9 Other employee benefits	11,196,212			
10 Payroll taxes	2,243,929			
11 Fees for services (non-employees):				
a Management				
b Legal	12,522,250			
c Accounting	139,900			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	620,585			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,766,866			
12 Advertising and promotion	7,802,414			
13 Office expenses	3,473,843			
14 Information technology	662,338			
15 Royalties				
16 Occupancy	3,161,673			
17 Travel	1,879,946			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,501,319			
20 Interest				
21 Payments to affiliates	5,062,043			
22 Depreciation, depletion, and amortization	2,487,072			
23 Insurance	523,559			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ORGANIZING EXPENSES	13,537,816			
b TRAINING PROG. & SERV.	1,270,936			
c PUBLIC/GOVERNMENT RELAT	450,744			
d COMMITTEE EXPENSES	223,861			
e All other expenses	381,235			
25 **Total functional expenses.** Add lines 1 through 24e	142,812,939			
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		13,392,008	1	16,597,244
	2	Savings and temporary cash investments		602,951	2	503,292
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		564,425	4	986,311
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		4,119	8	30,877
	9	Prepaid expenses and deferred charges		729,058	9	753,021
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 40,960,887			
	b	Less: accumulated depreciation	10b 23,205,162	16,067,721	10c	17,755,725
	11	Investments—publicly traded securities		135,306,403	11	141,000,974
	12	Investments—other securities. See Part IV, line 11		10,814,008	12	8,967,449
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		1,664,361	15	948,004
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		179,145,054	16	187,542,897
Liabilities	17	Accounts payable and accrued expenses		5,553,667	17	3,866,650
	18	Grants payable			18	
	19	Deferred revenue		1,144,389	19	988,681
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		208,078,652	25	171,883,878
	26	**Total liabilities.** Add lines 17 through 25		214,776,708	26	176,739,209
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		-35,990,789	27	10,444,853
	28	Net assets with donor restrictions		359,135	28	358,835
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		-35,631,654	32	10,803,688
	33	Total liabilities and net assets/fund balances		179,145,054	33	187,542,897

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	**1**	150,341,187
2	Total expenses (must equal Part IX, column (A), line 25)	**2**	142,812,939
3	Revenue less expenses. Subtract line 2 from line 1	**3**	7,528,248
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	**4**	-35,631,654
5	Net unrealized gains (losses) on investments	**5**	4,157,483
6	Donated services and use of facilities	**6**	
7	Investment expenses	**7**	
8	Prior period adjustments	**8**	
9	Other changes in net assets or fund balances (explain in Schedule O)	**9**	34,749,611
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column	**10**	10,803,688

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	**2a**		No
	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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	**2b**	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	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?	**2c**	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	**3a**		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	**3b**		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	**Schedule of Contributors** ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047 **2019**

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

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

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

Name of organization
NEW JERSEY EDUCATION ASSOCIATION

Employer identification number
21-0524390

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

Contributors

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		$ RESTRICTED	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization
NEW JERSEY EDUCATION ASSOCIATION

Employer identification number
21-0524390

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

Name of organization
NEW JERSEY EDUCATION ASSOCIATION

Employer identification number
21-0524390

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.)** ▶ $ _____

Use duplicate copies of Part III if additional space is needed.

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

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

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

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

Additional Data

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Software ID:

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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.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

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	**Employer identification number**
NEW JERSEY EDUCATION ASSOCIATION	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 (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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		805,719
2				
3				
4				
5				
6				

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-.		
i Subtract line 1f from line 1c. If zero or less, enter -0-.		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2016	**(b)** 2017	**(c)** 2018	**(d)** 2019	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, 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.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **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.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

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
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	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
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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
1a Beginning of year balance	3,138,495	3,191,697	2,984,239	2,723,935	2,513,610
b Contributions	236,022	231,969	187,938	74,291	190,197
c Net investment earnings, gains, and losses	63,969	-284,624	19,520	186,013	20,128
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	3,439,033	3,139,042	3,191,697	2,984,239	2,723,935

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
3a(i)		No
3a(ii)	Yes	
3b	Yes	

- **(i)** unrelated organizations . . . . . .
- **(ii)** related organizations . . . . . .

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . .

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,511,656		1,511,656
b Buildings		28,068,748	14,683,649	13,385,099
c Leasehold improvements				
d Equipment		6,346,381	4,194,231	2,152,150
e Other		5,034,102	4,327,282	706,820
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				17,755,725

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		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

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
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(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
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	171,883,878

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.

1	Total revenue, gains, and other support per audited financial statements			1	153,878,085
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	4,157,483		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	4,157,483
3	Subtract line **2e** from line **1**			3	149,720,602
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	620,585		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	620,585
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	150,341,187

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

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

1	Total expenses and losses per audited financial statements			1	142,192,354
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	142,192,354
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	620,585		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	620,585
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	142,812,939

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4:	THE FOUNDATION WAS ORGANIZED EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL PURPOSES, TO ADVANCE AND IMPROVE THE QUALITY OF EDUCATION AND THE TEACHING PROFESSION IN NEW JERSEY THROUGH THE STUDY, CREATION AND FUNDING OF INNOVATIVE PROGRAMS OR PROJECTS WHICH WILL FURTHER EDUCATIONAL AND INSTRUCTIONAL EXCELLENCE.
PART X, LINE 2:	ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY NJEA AND RECOGNIZE A TAX LIABILITY IF NJEA HAS TAKEN AN UNCERTAIN POSITION THAT, MORE LIKELY THAN NOT, WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE U.S. FEDERAL, STATE, OR LOCAL TAXING AUTHORITIES. NJEA IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. TYPICALLY, TAX YEARS WILL REMAIN OPEN FOR THREE YEARS; HOWEVER, THIS MAY DIFFER DEPENDING UPON THE CIRCUMSTANCES OF NJEA.

Additional Data

Return to Form

Software ID:

Software Version:

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

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.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2019

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 noncash assistance	(h) Purpose of grant or assistance
(1) 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
(2) BAYARD RUSTIN CENTER FOR SOCIAL JUSTICE 21 WIGGINS ST PRINCETON,NJ 08540	82-4434634	501(C)(3)	5,000				FINANCIAL SUPPORT
(3) BOYS & GIRLS CLUB OF ATLANTIC CITY INC 317 N PENNSYLVANIA AVE ATLANTIC CITY,NJ 08401	23-7253748	501(C)(3)	10,000				FINANCIAL SUPPORT
(4) 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
(5) BUILDING ONE AMERICA PO BOX 229 PALMYRA,NJ 08065	41-1902111	501(C)(3)	152,640				FINANCIAL SUPPORT
(6) COMMUNITY FOUNDATION OF NEW JERSEY 35 KNOX HILL RD MORRISTOWN,NJ 07963	22-2281783	501(C)(3)	50,000				FINANCIAL SUPPORT
(7) CONSERVE WILDLIFE FOUNDATION OF NEW JERSEY PO BOX 420 TRENTON,NJ 08625	22-3130406	501(C)(3)	10,000				FINANCIAL SUPPORT
(8) DRUMTHWACKET FOUNDATION INC 354 STOCKTON STREET PRINCETON,NJ 08540	22-2429563	501(C)(3)	5,000				FINANCIAL SUPPORT
(9) EDUCATION LAW CENTER 60 PARK PLACE SUITE 300 NEWARK,NJ 07102	22-2014555	501(C)(3)	570,250				FINANCIAL SUPPORT
(10) FREDERICK L HIPP FOUNDATION 180 WEST STATE STREET TRENTON,NJ 08607	22-3277861	501(C)(3)	100,000				FINANCIAL SUPPORT
(11) GARDEN STATE FORWARD 180 WEST STATE STREET TRENTON,NJ 08607	46-2383979	N/A	12,066,320				FINANCIAL SUPPORT
(12) GARDEN STATE QUALITY EDUCATION FUND INC 1408 MAIN STREET ASBURY PARK,NJ 07712	20-2588166	501(C)(3)	5,000				FINANCIAL SUPPORT
(13) GREAT LAKES CENTER FOR EDUCATION RESEARCH AND PRACTICE PO BOX 1263 EAST LANSING,MI 48826	38-3555110	501(C)(3)	10,000				FINANCIAL SUPPORT

(14) NAACP NEW JERSEY STATE CONFERENCE 4326 HARBOR BEACH BLVD 775 BRIGANTINE,NJ 08203	27-0809471	501(C)(4)	10,000				FINANCIAL SUPPORT
(15) NETWORK FOR PUBLIC EDUCATION ACTION PO BOX 227 NEW YORK,NY 11418	81-1289955	501(C)(4)	5,000				FINANCIAL SUPPORT
(16) NEW JERSEY PTA 8 QUAKERBRIDGE RD STE F MERCERVILLE,NJ 08619	23-7212777	501(C)(3)	5,000				FINANCIAL SUPPORT
(17) NEW JERSEY WORKING FAMILIES ALLIANCE PO BOX 1068 TRENTON,NJ 08608	30-0427821	501(C)(4)	25,500				FINANCIAL SUPPORT
(18) NJ BLACK ISSUES CONVENTION PO BOX 1843 NEWARK,NJ 07101	22-2532996	501(C)(3)	10,000				FINANCIAL SUPPORT
(19) NJ CENTER FOR TEACHING AND LEARNING 115 FRANKLIN TURNPIKE 203 MAHWAH,NJ 07430	77-0667571	501(C)(3)	750,000				FINANCIAL SUPPORT
(20) NJ HEALTH CARE QUALITY INSTITUTE INC PO BOX 2246 PRINCETON,NJ 08540	31-1530922	501(C)(3)	5,000				FINANCIAL SUPPORT
(21) NJ POLICY PERSPECTIVE INC 137 W HANOVER STREET TRENTON,NJ 08618	22-3492715	501(C)(3)	200,500				FINANCIAL SUPPORT
(22) NJ WORK ENVIRONMENTAL COUNCIL 7 DUNMORE AVENUE 1ST FLR EAST EWING,NJ 08618	22-2751863	501(C)(3)	105,720				FINANCIAL SUPPORT
(23) SUSAN G KOMEN BREAST CANCER FOUNDATION TWO PRINCESS RD STE D LAWRENCEVILLE,NJ 08648	43-2052349	501(C)(3)	15,000				FINANCIAL SUPPORT
(24) SUSTAINABLE JERSEY A NJ NONPROFIT CORPORATION PO BOX 6855 LAWRENCEVILLE,NJ 08648	45-3848336	501(C)(3)	250,000				FINANCIAL SUPPORT
(25) THE COLLEGE OF NEW JERSEY FOUNDATION INC 2000 PENNINGTON ROAD EWING,NJ 08628	22-2448189	501(C)(3)	215,000				FINANCIAL SUPPORT
(26) THE NEA FOUNDATION 1201 16TH ST NW STE 416 WASHINGTON,DC 20036	23-7035089	501(C)(3)	10,000				FINANCIAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 21

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 5

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 noncash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of noncash 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

Return to Form

Software ID:

Software Version:

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
NEW JERSEY EDUCATION ASSOCIATION

Employer identification number
21-0524390

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☑ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on 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	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	☑ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	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:			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	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:			
a	The organization?	**5a**		
b	Any related organization?	**5b**		
	If "Yes," on line 5a or 5b, describe in Part III.			
6	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:			
a	The organization?	**6a**		
b	Any related organization?	**6b**		
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	**8**		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

For each individual whose compensation must be reported 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				
1 MARIE E BLISTAN PRESIDENT	(i)	371,199	0	0	188,472	39,790	599,461	0
	(ii)	0	0	0	0	0	0	0
2 SEAN M SPILLER VICE PRESIDENT	(i)	245,048	0	0	112,738	39,790	397,576	0
	(ii)	0	0	0	0	0	0	0
3 STEVE BEATTY SECRETARY-TREASURER	(i)	246,610	0	0	85,645	39,790	372,045	0
	(ii)	0	0	0	0	0	0	0
4 EDWARD J RICHARDSON EXECUTIVE DIRECTOR (P)	(i)	338,022	0	0	2,107,545	39,790	2,485,357	0
	(ii)	0	0	0	0	0	0	0
5 STEVE SWETSKY EXECUTIVE DIRECTOR	(i)	347,178	0	0	225,076	39,790	612,044	0
	(ii)	0	0	0	0	0	0	0
6 MATTHEW DIRADO HR MANAGER	(i)	257,477	0	0	117,681	39,790	414,948	0
	(ii)	0	0	0	0	0	0	0
7 KRISTEN BUTLER ACCOUNTING AND FINANCE MAN	(i)	231,483	0	0	70,733	39,790	342,006	0
	(ii)	0	0	0	0	0	0	0
8 THOMAS HARDY REGIONAL DIRECTOR, UNISERV	(i)	283,227	0	0	468,877	39,790	791,894	0
	(ii)	0	0	0	0	0	0	0
9 STEVEN BAKER DIRECTOR, COMMUNICATIONS	(i)	278,517	0	0	273,397	39,790	591,704	0
	(ii)	0	0	0	0	0	0	0
10 KAREN KRYVEN COMPTROLLER	(i)	288,454	0	0	214,836	39,790	543,080	0
	(ii)	0	0	0	0	0	0	0
11 MICHAEL COHAN DIRECTOR, PROFESSIONAL DEV	(i)	298,667	0	0	141,039	39,790	479,496	0
	(ii)	0	0	0	0	0	0	0
12 JAMES LOPER REGIONAL DIRECTOR, UNISERV	(i)	290,794	0	0	195,115	39,790	525,699	0
	(ii)	0	0	0	0	0	0	0
13 KEVIN KELLEHER DIRECTOR, RESEARCH & ECONO	(i)	311,119	0	0	328,954	39,790	679,863	0
	(ii)	0	0	0	0	0	0	0
14 WENDELL STEINHAUER FORMER OFFICER	(i)	94,695	0	13,490	0	0	108,185	0
	(ii)	0	0	0	0	0	0	0

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	WENDELL STEINHAUER - SEVERANCE PAY OF $108,185

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
NEW JERSEY EDUCATION ASSOCIATION

Employer identification number
21-0524390

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	NEW JERSEY EDUCATION ASSOCIATION (NJEA) IS A MEMBERSHIP ORGANIZATION. MEMBERSHIP TO NJEA IS DESCRIBED IN ARTICLE III OF ITS CONSTITUTION WHICH IS AVAILABLE UPON REQUEST.
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.
FORM 990, PART VI, SECTION A, LINE 7B	ACCORDING TO ARTICLE XIV OF NJEA'S CONTITUTION. AMENDMENTS TO NEW JERSEY EDUCATION ASSOCIATION'S CONSTITUTION MAY BE PROPOSED FOR CONSIDERATION BY A MAJORITY VOTE OF THE DELEGATE ASSEMBLY, OR MAY BE PROPOSED BY A PETITION SIGNED BY NOT LESS THAN 500 ACTIVE MEMBERS OF THE ASSOCIATION. AMENDMENTS SO PROPOSED SHALL BE PUBLISHED IN FULL IN THE OFFICIAL PUBLICATION OF THE ASSOCIATION AND SHALL THEN BE SUBMITTED BY BALLOT TO THE ACTIVE MEMBERS OF THE ASSOCIATION UNDER THE PROVISIONS GOVERNING THE ELECTION OF OFFICERS. VOTING ON AMENDMENTS MAY TAKE PLACE REGARDLESS OF WHETHER THE ELECTION OF OFFICERS IS ALSO TAKING PLACE. A TWO-THIRDS VOTE OF ALL BALLOTS CAST ON THE AMENDMENT SHALL BE NECESSARY FOR ITS ADOPTION. AMENDEMENT TO NJEA'S BY-LAWS MUST BE APPROVED BY A MAJORITY VOTE OF THE EXECUTIVE COMMITTEE OR AT MAJORITY VOTE OF THE DELEGATE ASSEMBLY. AMENDMENTS SO PROPOSED SHALL BE SUBMITTED TO THE CONSTITUTION REVIEW COMMITTEE FOR REVEIW 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.
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.
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.
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.
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.
FORM 990, PART XI, LINE 9:	PENSION AND POST RETIREMENT - RELATED CHARGES OTHER THAN SERVICE COST 34,749,611.
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.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

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.

(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	(g) Section 512(b)(13) controlled entity? No
(1) NEW JERSEY EDUCATION ASSOCIATION HEALTH AND WELFARE BENEFITS TRUST 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 91-2003765	HEALTH AND WELFARE BENEFITS	NJ	501(C)(9)				No
(2) PAUL DIMITRIADIS RIGHTS FUND 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 22-2306050	LABOR ORGANIZATION	NJ	501(C)(5)				No
(3) NJEA BOLIVAR GRAHAM INTERN FUND 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 22-2165927	CHARITABLE ORGANIZATION	NJ	501(C)(3)	509(A)(3)			No
(4) NJEA EMPLOYEES' RETIREMENT TRUST FUND 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 21-0524390	PENSION FUND	NJ	401(A)/501(A)				No
(5) NJEA SUPPLEMENTAL SAVINGS PLAN 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 21-0524390	PENSION FUND	NJ	401(A)/501(A)				No
(6) NJEA POLITICAL ACTION COMMITTEE 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 22-2911965	POLITICAL ACTION COMMITTEE	NJ	SECTION 527				No
(7) FREDERICK L HIPP FOUNDATION 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 22-3277861	CHARITABLE ORGANIZATION	NJ	501(C)(3)	170(B)(1)(A)(VI)			No
(8) NJEA MEMBER BENEFIT FUND 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 13-4270499	WELFARE BENEFIT FUND	NJ	501(C)(9)				No
(9) GARDEN STATE FORWARD 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 46-2383979	POLITICAL ACTION COMMITTEE	NJ	SECTION 527				No
(10) NJEA AFFILIATES RISK GROUP 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 47-2729925	CHARITABLE ORGANIZATION	NJ	501(C)(3)	LINE 12A, I			No
(11) NJEA TEACHER LEADER ACADEMY INC 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 36-4929813	SCHOOL	NJ	501(C)(3)	LINE 2			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) Disproprtionate 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
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a	No
b	Gift, grant, or capital contribution to related organization(s)	1b	Yes
c	Gift, grant, or capital contribution from related organization(s)	1c	Yes
d	Loans or loan guarantees to or for related organization(s)	1d	No
e	Loans or loan guarantees by related organization(s)	1e	No
f	Dividends from related organization(s)	1f	No
g	Sale of assets to related organization(s)	1g	No
h	Purchase of assets from related organization(s)	1h	No
i	Exchange of assets with related organization(s)	1i	No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o	Sharing of paid employees with related organization(s)	1o	No
p	Reimbursement paid to related organization(s) for expenses	1p	No
q	Reimbursement paid by related organization(s) for expenses	1q	Yes
r	Other transfer of cash or property to related organization(s)	1r	Yes
s	Other transfer of cash or property from related organization(s)	1s	No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete 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	805,719	CASH
(2)GARDEN STATE FORWARD	B	12,066,320	CASH
(3)NJEA AFFILIATES RISK GROUP	B	195,506	CASH
(4)NJEA HEALTH & WELFARE BENEFIT TRUST	R	15,017,692	CASH

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data **Return to Form**

Software ID:

Software Version:

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.

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 09-01-2020 , and ending 08-31-2021

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 $ 174,696,917

F Name and address of principal officer:
SEAN M SPILLER
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)

H(c) Group exemption number ▶

I Tax-exempt status: ☐ 501(c)(3) ☑ 501(c) (5) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.NJEA.ORG

K Form of organization: ☐ Corporation ☐ Trust ☑ Association ☐ Other ▶

L Year of formation: 1853

M State of legal domicile: NJ

Part I Summary

Activities & Governance

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.

3	Number of voting members of the governing body (Part VI, line 1a)	3	38
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	34
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	565
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	177,323
b	Net unrelated business taxable income from Form 990-T, line 39	7b	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	5,727,114	6,487,831
9	Program service revenue (Part VIII, line 2g)	136,847,638	137,902,529
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,691,587	8,673,816
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	74,848	43,763
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	150,341,187	153,107,939

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	15,841,641	14,128,116
14	Benefits paid to or for members (Part IX, column (A), line 4)	940,527	2,055,952
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	66,562,371	67,287,113
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	59,468,400	48,894,181
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	142,812,939	132,365,362
19	Revenue less expenses. Subtract line 18 from line 12	7,528,248	20,742,577

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	187,542,897	222,977,230
21	Total liabilities (Part X, line 26)	176,739,209	120,126,415
22	Net assets or fund balances. Subtract line 21 from line 20	10,803,688	102,850,815

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: 2022-07-14

STEVE BEATTY VICE-PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2022-07-12		P00360279

Firm's name ▶ NOVAK FRANCELLA LLC — Firm's EIN ▶ 61-1436956

Firm's address ▶ 40 MONUMENT RD 5TH FLR
BALA CYNWYD, PA 19004 — Phone no. (610) 668-9400

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE MISSION OF THE NEW JERSEY EDUCATION ASSOCIATION IS TO ADVANCE AND PROTECT THE RIGHTS, BENEFITS, AND INTERESTS OF MEMBERS, AND PROMOTE A QUALITY SYSTEM OF PUBLIC EDUCATION FOR ALL STUDENTS.

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

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

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

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

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

4a (Code:) (Expenses $ including grants of $) (Revenue $)

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

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		No
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3	Yes	
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	378		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	565		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**	No
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			**7f**	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			**16**	No

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	**1a**	38		
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	34		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶ACCOUNTING MANAGER 180 W STATE STREET PO BOX 1211 TRENTON,NJ086071211(609) 599-4561

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.

See instructions for the order in which to list the persons above.

☐ 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			
(1) MARIE E BLISTAN PRESIDENT	40.00			X				374,010	0	152,752
(2) SEAN M SPILLER VICE PRESIDENT	40.00			X				246,315	0	115,867
(3) STEVE BEATTY SECRETARY-TREASURER	40.00			X				252,968	0	120,553
(4) STEVE SWETSKY EXECUTIVE DIRECTOR	40.00				X			414,647	0	112,026
(5) ROBERT M LAMORTE EXECUTIVE COMMITTEE	2.00	X						4,059	0	0
(6) FRANCISCO C BARQUIN EXECUTIVE COMMITTEE	2.00	X						3,461	0	0
(7) BRENDA BRATHWAITE EXECUTIVE COMMITTEE	2.00	X						0	0	0
(8) ESTHER A FLETCHER EXECUTIVE COMMITTEE	2.00	X						0	0	0
(9) LAURIE T GIBSON-PARKER EXECUTIVE COMMITTEE	2.00	X						4,059	0	0
(10) TAMMI J LEE EXECUTIVE COMMITTEE	2.00	X						0	0	0
(11) CHRISTINE ONORATO EXECUTIVE COMMITTEE	2.00	X						3,461	0	0
(12) CHRISTINE SAMPSON-CLARK EXECUTIVE COMMITTEE	2.00	X						4,059	0	0
(13) ANITA KOBER EXECUTIVE COMMITTEE	2.00	X						4,159	0	0
(14) RICHARD F D'AVANZO EXECUTIVE COMMITTEE	2.00	X						4,059	0	0
(15) SUSAN J DAVIS EXECUTIVE COMMITTEE	2.00	X						4,059	0	0
(16) JO-ANNE A MONTANTI EXECUTIVE COMMITTEE	2.00	X						4,059	0	0
(17) BEVERLY A FIGLIOLI EXECUTIVE COMMITTEE	2.00	X						4,059	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) JAMES R FRAZIER EXECUTIVE COMMITTEE	2.00	x						4,059	0	0
(19) RONALD F GRECO EXECUTIVE COMMITTEE	2.00	x						3,461	0	0
(20) PETER A HELFF EXECUTIVE COMMITTEE	2.00	x						4,059	0	0
(21) AARON P HONAKER EXECUTIVE COMMITTEE	2.00	x						3,461	0	0
(22) ANDREW M JACOBS EXECUTIVE COMMITTEE	2.00	x						3,461	0	0
(23) SUSAN C MANIGLIA EXECUTIVE COMMITTEE	2.00	x						4,059	0	0
(24) SUSAN S BUTTERFIELD EXECUTIVE COMMITTEE	2.00	x						4,059	0	0
(25) ELIZABETH MILLER EXECUTIVE COMMITTEE	2.00	x						4,059	0	0
(26) SUSAN MCBRIDE EXECUTIVE COMMITTEE	2.00	x						4,059	0	0
(27) PETER J MORAN EXECUTIVE COMMITTEE	2.00	x						0	0	0
(28) BRIAN J REILLY EXECUTIVE COMMITTEE	2.00	x						0	0	0
(29) SUSAN R VALA EXECUTIVE COMMITTEE	2.00	x						4,059	0	0
(30) DEANNA J NICOSIA-JONES EXECUTIVE COMMITTEE	2.00	x						3,567	0	0
(31) JUDITH C PERKINS EXECUTIVE COMMITTEE	2.00	x						4,134	0	0
(32) ANDREW POLICASTRO EXECUTIVE COMMITTEE	2.00	x						4,059	0	0
(33) ASHANTI T RANKIN EXECUTIVE COMMITTEE	2.00	x						4,059	0	0
(34) KIMBERLY L SCOTT-HAYDEN EXECUTIVE COMMITTEE	2.00	x						4,059	0	0
(35) MARILYN EDGE EXECUTIVE COMMITTEE	2.00	x						4,059	0	0
(36) LOIS YUKNA EXECUTIVE COMMITTEE	2.00	x						4,059	0	0
(37) KERRI LEE FARRELL EXECUTIVE COMMITTEE	2.00	x						4,059	0	0
(38) AMY L SALNGER EXECUTIVE COMMITTEE	2.00	x						3,461	0	0
(39) VALERIE C REYNOLDS EXECUTIVE COMMITTEE	2.00	x						4,059	0	0
(40) KEVIN KELLEHER DIRECTOR, RESEARCH & ECONO	40.00					x		359,210	0	241,283
(41) JAMES LOPER REGIONAL DIRECTOR, UNISERV	40.00					x		303,717	0	364,222
(42) MICHAEL COHAN DIRECTOR, PROFESSIONAL DEV	40.00					x		299,906	0	128,762
(43) STEVEN BAKER DIRECTOR, COMMUNICATIONS	40.00					x		293,056	0	184,993
(44) THOMAS HARDY REGIONAL DIRECTOR, UNISERV	40.00				x			292,655	0	208,260
(45) KAREN KRYVEN COMPTROLLER	40.00					x		290,907	0	139,620
(46) MATTHEW DIRADO HR MANAGER	40.00				x			267,082	0	119,671
(47) KRISTEN SHERMAN ACCOUNTING AND FINANCE MAN	40.00				x			232,625	0	79,879
(48) EDWARD J RICHARDSON EXECUTIVE DIRECTOR (P)	40.00						x	1,035,524	0	-156,955
1b Sub-Total ▶								4,780,487	0	1,810,933
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								4,780,487	0	1,810,933

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 ▶ 153

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NEW MEDIA FIRM 1730 RHODE ISLAND AVE NW STE 213 WASHINGTON, DC 20036	CONSULTANT	11,795,416
CARUSO SMITH EDELL PICINI PC 60 ROUTE 46 EAST FAIRFIELD, NJ 07004	LEGAL SERVICES	2,371,122
SELIKOFF & COHEN PA 700 EAST GATE DRIVE SUITE 502 MT LAUREL, NJ 08054	LEGAL SERVICES	2,260,517
OXFELD COHEN PC 60 PARK PLACE 6TH FLR NEWARK, NJ 07102	LEGAL SERVICES	1,619,316
ZAZZALI FAGELLA NOWAK KLEINBAUM & FREI 570 BROAD STREET SUITE 1402 NEWARK, NJ 07102	LEGAL SERVICES	1,522,080

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 ▶ 50

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts					
1a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c				
d Related organizations	1d				
e Government grants (contributions)	1e				
f All other contributions, gifts, grants, and similar amounts not included above	1f	6,487,831			
g Noncash contributions included in lines 1a - 1f: $	1g				
h **Total.** Add lines 1a-1f		6,487,831			
Program Service Revenue	Business Code				
2a MEMBERSHIP DUES	900099	137,463,196	137,463,196		
b PUBLICATION INCOME	511190	177,323		177,323	
c CONVENTION	900099	140,015	140,015		
d ROYALTY INCOME	900099	81,387			81,387
e TEACHER LEADER ACADEMY FEE	900099	40,500	40,500		
f All other program service revenue.		108	108		
g **Total.** Add lines 2a–2f		137,902,529			
Other Revenue 3 Investment income (including dividends, interest, and other similar amounts)		6,018,529			6,018,529
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
	(i) Real	(ii) Personal			
6a Gross rents 6a					
b Less: rental expenses 6b					
c Rental income or (loss) 6c					
d Net rental income or (loss)					
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory 7a	24,244,265				
b Less: cost or other basis and sales expenses 7b	21,588,978				
c Gain or (loss) 7c	2,655,287				
d Net gain or (loss)		2,655,287			2,655,287
8a Gross income from fundraising events (not including $ ____ of contributions reported on line 1c). See Part IV, line 18 8a					
b Less: direct expenses 8b					
c Net income or (loss) from fundraising events					
9a Gross income from gaming activities. See Part IV, line 19 9a					
b Less: direct expenses 9b					
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances 10a					
b Less: cost of goods sold 10b					
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11a OTHER INCOME	900099	43,763			43,763
b					
c					
d All other revenue					
e **Total.** Add lines 11a–11d		43,763			
12 **Total revenue.** See instructions		153,107,939	137,643,819	177,323	8,798,966

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	14,128,116			
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members	2,055,952			
5 Compensation of current officers, directors, trustees, and key employees	3,195,208			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	33,572,152			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	18,970,405			
9 Other employee benefits	9,078,371			
10 Payroll taxes	2,470,977			
11 Fees for services (non-employees):				
a Management				
b Legal	12,274,475			
c Accounting	148,250			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	624,933			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,392,485			
12 Advertising and promotion	4,264,483			
13 Office expenses	3,144,508			
14 Information technology	2,256,160			
15 Royalties				
16 Occupancy	2,904,051			
17 Travel	990,814			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	701,192			
20 Interest				
21 Payments to affiliates	5,082,389			
22 Depreciation, depletion, and amortization	2,749,989			
23 Insurance	551,119			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ORGANIZING EXPENSES	5,871,537			
b COMMUNICATION EXPENSE	3,811,352			
c TRAINING PROG. & SERV.	1,303,150			
d PUBLIC/GOVERNMENT RELAT	711,354			
e All other expenses	111,940			
25 **Total functional expenses.** Add lines 1 through 24e	132,365,362			
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		16,597,244	1	13,976,901
	2	Savings and temporary cash investments		503,292	2	528,797
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		986,311	4	2,966,067
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		30,877	8	29,500
	9	Prepaid expenses and deferred charges		753,021	9	1,562,926
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 43,850,341			
	b	Less: accumulated depreciation	10b 24,895,671	17,755,725	10c	18,954,670
	11	Investments—publicly traded securities		141,000,974	11	173,257,182
	12	Investments—other securities. See Part IV, line 11		8,967,449	12	10,673,100
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		948,004	15	1,028,087
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		187,542,897	16	222,977,230
Liabilities	17	Accounts payable and accrued expenses		3,866,650	17	3,760,954
	18	Grants payable			18	
	19	Deferred revenue		988,681	19	975,476
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		171,883,878	25	115,389,985
	26	**Total liabilities.** Add lines 17 through 25		176,739,209	26	120,126,415
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		10,444,853	27	102,503,479
	28	Net assets with donor restrictions		358,835	28	347,336
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		10,803,688	32	102,850,815
	33	Total liabilities and net assets/fund balances		187,542,897	33	222,977,230

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	153,107,939
2	Total expenses (must equal Part IX, column (A), line 25)	2	132,365,362
3	Revenue less expenses. Subtract line 2 from line 1	3	20,742,577
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,803,688
5	Net unrealized gains (losses) on investments	5	13,825,349
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	57,479,200
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10	102,850,815

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Additional Data

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Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	**Schedule of Contributors** ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047 **2020**

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

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33$^{1}/_{3}$% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

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

Name of organization
NEW JERSEY EDUCATION ASSOCIATION

Employer identification number
21-0524390

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

Contributors

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		$ RESTRICTED	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization
NEW JERSEY EDUCATION ASSOCIATION

Employer identification number
21-0524390

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

Name of organization
NEW JERSEY EDUCATION ASSOCIATION

Employer identification number
21-0524390

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.)** ▶ $ _____

Use duplicate copies of Part III if additional space is needed.

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

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

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

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

Additional Data

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Software ID:

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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.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

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	Employer identification number
NEW JERSEY EDUCATION ASSOCIATION	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 (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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		797,464
2				
3				
4				
5				
6				

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-.		
i Subtract line 1f from line 1c. If zero or less, enter -0-.		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period — Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

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

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, 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.

Additional Data

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Software ID:

Software Version:

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ 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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

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
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	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
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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 FASB 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 FASB 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 FASB 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

		Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table:	
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

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
1a	Beginning of year balance	3,439,033	3,138,495	3,191,697	2,984,239	2,723,935
b	Contributions	229,700	236,022	231,969	187,938	74,291
c	Net investment earnings, gains, and losses	218,186	63,969	-284,624	19,520	186,013
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	3,886,920	3,439,033	3,139,042	3,191,697	2,984,239

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 Term 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
(i)	Unrelated organizations		No
(ii)	Related organizations	Yes	
b	If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	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
1a	Land		1,511,656		1,511,656
b	Buildings		29,432,227	15,976,599	13,455,628
c	Leasehold improvements				
d	Equipment		7,458,695	5,277,170	2,181,525
e	Other		5,447,763	3,641,902	1,805,861
Total.	Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				18,954,670

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		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

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
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(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
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	115,389,985

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.

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4:	THE FOUNDATION WAS ORGANIZED EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL PURPOSES, TO ADVANCE AND IMPROVE THE QUALITY OF EDUCATION AND THE TEACHING PROFESSION IN NEW JERSEY THROUGH THE STUDY, CREATION AND FUNDING OF INNOVATIVE PROGRAMS OR PROJECTS WHICH WILL FURTHER EDUCATIONAL AND INSTRUCTIONAL EXCELLENCE.
PART X, LINE 2:	ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY NJEA AND RECOGNIZE A TAX LIABILITY IF NJEA HAS TAKEN AN UNCERTAIN POSITION THAT, MORE LIKELY THAN NOT, WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE U.S. FEDERAL, STATE, OR LOCAL TAXING AUTHORITIES. NJEA IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. TYPICALLY, TAX YEARS WILL REMAIN OPEN FOR THREE YEARS; HOWEVER, THIS MAY DIFFER DEPENDING UPON THE CIRCUMSTANCES OF NJEA.

Additional Data

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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.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2020

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 noncash assistance	(h) Purpose of grant or assistance
(1) 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
(2) BOYS & GIRLS CLUB OF ATLANTIC CITY INC 317 N PENNSYLVANIA AVE ATLANTIC CITY, NJ 08401	23-7253748	501(C)(3)	10,000				FINANCIAL SUPPORT
(3) BRAIN INJURY OF ALLIANCE OF NEW JERSEY INC 825 GEORGES ROAD SECOND FLR NORTH BRUNSWICK, NJ 08902	22-2431796	501(C)(3)	15,500				FINANCIAL SUPPORT
(4) CONSERVE WILDLIFE FOUNDATION OF NEW JERSEY PO BOX 420 TRENTON, NJ 08625	22-3130406	501(C)(3)	10,000				FINANCIAL SUPPORT
(5) EDUCATION LAW CENTER 60 PARK PLACE SUITE 300 NEWARK, NJ 07102	22-2014555	501(C)(3)	585,000				FINANCIAL SUPPORT
(6) FREDERICK L HIPP FOUNDATION 180 WEST STATE STREET TRENTON, NJ 08607	22-3277861	501(C)(3)	50,000				FINANCIAL SUPPORT
(7) GARDEN STATE FORWARD 180 WEST STATE STREET TRENTON, NJ 08607	46-2383979	N/A	11,586,850				FINANCIAL SUPPORT
(8) GREAT LAKES CENTER FOR EDUCATION RESEARCH AND PRACTICE PO BOX 1263 EAST LANSING, MI 48826	38-3555110	501(C)(3)	10,000				FINANCIAL SUPPORT
(9) NAACP NEW JERSEY STATE CONFERENCE 4326 HARBOR BEACH BLVD 775 BRIGANTINE, NJ 08203	27-0809471	501(C)(4)	10,000				FINANCIAL SUPPORT
(10) NEW JERSEY PTA 8 QUAKERBRIDGE RD STE F MERCERVILLE, NJ 08619	23-7212777	501(C)(3)	5,000				FINANCIAL SUPPORT
(11) NEW JERSEY WORKING FAMILIES ALLIANCE PO BOX 1068 TRENTON, NJ 08608	30-0427821	501(C)(4)	120,000				FINANCIAL SUPPORT
(12) NJ CENTER FOR TEACHING AND LEARNING 115 FRANKLIN TURNPIKE 203 MAHWAH, NJ 07430	77-0667571	501(C)(3)	750,000				FINANCIAL SUPPORT
(13) NJ HALL OF FAME 111 WOOD AVE S STE 600 ISELIN, NJ 08830	22-3291935	501(C)(3)	50,000				FINANCIAL SUPPORT
(14) NJ POLICY PERSPECTIVE INC	22-3492715	501(C)(3)	204,000				FINANCIAL SUPPORT

137 W HANOVER STREET TRENTON,NJ 08618							
(15) NJ WORK ENVIRONMENTAL COUNCIL 7 DUNMORE AVENUE 1ST FLR EAST EWING,NJ 08618	22-2751863	501(C)(3)	105,000				FINANCIAL SUPPORT
(16) PROGRESS IN ACTION 12 NORTH STATE RT 17 STE 320 PARAMUS,NJ 07652		N/A	5,000				FINANCIAL SUPPORT
(17) SUSAN G KOMEN BREAST CANCER FOUNDATION TWO PRINCESS RD STE D LAWRENCEVILLE,NJ 08648	43-2052349	501(C)(3)	15,000				FINANCIAL SUPPORT
(18) SUSTAINABLE JERSEY A NJ NONPROFIT CORPORATION PO BOX 6855 LAWRENCEVILLE,NJ 08648	45-3848336	501(C)(3)	250,000				FINANCIAL SUPPORT
(19) STATEWIDE PARENT ADVOCACY NETWORK INC 35 HALSEY ST 4TH FLR NEWARK,NJ 07102	22-2868501	501(C)(3)	5,000				FINANCIAL SUPPORT
(20) THE COLLEGE OF NEW JERSEY FOUNDATION INC 2000 PENNINGTON ROAD EWING,NJ 08628	22-2448189	501(C)(3)	235,000				FINANCIAL SUPPORT
(21) THE NEA FOUNDATION 1201 16TH ST NW STE 416 WASHINGTON,DC 20036	23-7035089	501(C)(3)	10,000				FINANCIAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 16

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 5

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 noncash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of noncash 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

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Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
NEW JERSEY EDUCATION ASSOCIATION

Employer identification number
21-0524390

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☑ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on 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	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	☑ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	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:			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	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:			
a	The organization?	**5a**		
b	Any related organization?	**5b**		
	If "Yes," on line 5a or 5b, describe in Part III.			
6	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:			
a	The organization?	**6a**		
b	Any related organization?	**6b**		
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	**8**		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

For each individual whose compensation must be reported 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				
1 MARIE E BLISTAN PRESIDENT	(i)	374,010	0	0	108,578	44,174	526,762	0
	(ii)	0	0	0	0	0	0	0
2 SEAN M SPILLER VICE PRESIDENT	(i)	246,315	0	0	71,693	44,174	362,182	0
	(ii)	0	0	0	0	0	0	0
3 STEVE BEATTY SECRETARY-TREASURER	(i)	252,968	0	0	76,379	44,174	373,521	0
	(ii)	0	0	0	0	0	0	0
4 STEVE SWETSKY EXECUTIVE DIRECTOR	(i)	414,647	0	0	67,852	44,174	526,673	0
	(ii)	0	0	0	0	0	0	0
5 KEVIN KELLEHER DIRECTOR, RESEARCH & ECONO	(i)	359,210	0	0	211,549	29,734	600,493	0
	(ii)	0	0	0	0	0	0	0
6 JAMES LOPER REGIONAL DIRECTOR, UNISERV	(i)	303,717	0	0	320,048	44,174	667,939	0
	(ii)	0	0	0	0	0	0	0
7 MICHAEL COHAN DIRECTOR, PROFESSIONAL DEV	(i)	299,906	0	0	84,588	44,174	428,668	0
	(ii)	0	0	0	0	0	0	0
8 STEVEN BAKER DIRECTOR, COMMUNICATIONS	(i)	293,056	0	0	140,819	44,174	478,049	0
	(ii)	0	0	0	0	0	0	0
9 THOMAS HARDY REGIONAL DIRECTOR, UNISERV	(i)	292,655	0	0	164,086	44,174	500,915	0
	(ii)	0	0	0	0	0	0	0
10 KAREN KRYVEN COMPTROLLER	(i)	290,907	0	0	122,477	17,143	430,527	0
	(ii)	0	0	0	0	0	0	0
11 MATTHEW DIRADO HR MANAGER	(i)	267,082	0	0	75,497	44,174	386,753	0
	(ii)	0	0	0	0	0	0	0
12 KRISTEN SHERMAN ACCOUNTING AND FINANCE MAN	(i)	232,625	0	0	62,736	17,143	312,504	0
	(ii)	0	0	0	0	0	0	0
13 EDWARD J RICHARDSON EXECUTIVE DIRECTOR (P)	(i)	1,035,524	0	0	-156,955	0	878,569	0
	(ii)	0	0	0	0	0	0	0

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.
SCHEDULE J, PART II, COLUMN C:	THE AMOUNTS REPORTED ON SCHEDULE J, PART II, COLUMN C REPRESENT ACTUARIAL PROJECTIONS OF THE FUTURE LIFETIME VALUE OF PENSION BENEFITS, AND ARE RECALCULATED EVERY YEAR UNTIL RETIREMENT. THOSE NUMBERS CAN VARY DRAMATICALLY FROM YEAR TO YEAR BASED ON MANY FACTORS. THESE FACTORS INCLUDE: ADDITIONAL BENEFIT ACCRUALS EARNED DURING THE YEAR CHANGE IN ASSUMPTIONS (PRIMARILY DISCOUNT RATE) TIME-VALUE OF MONEY (I.E., DISCOUNTING ONE YEAR LESS TO COMMENCEMENT AS COMPARED TO LAST YEAR) CHANGE IN STATUS, IF APPLICABLE (E.G., FROM ACTIVE TO RETIREE) REGARDING THE SECOND BULLET ABOVE, THE APPLICABLE DISCOUNT RATE EACH YEAR IS DETERMINED BASED ON MARKET CONDITIONS AS OF AUGUST 31ST. FOR YEARS IN WHICH THERE IS A SIGNIFICANT DECREASE IN DISCOUNT RATE, THE CORRESPONDING LIABILITY UNDER THE PENSION PLAN WILL INCREASE. CONVERSELY, FOR YEARS IN WHICH THERE IS A SIGNIFICANT INCREASE IN DISCOUNT RATE, THE CORRESPONDING LIABILITY MAY DECREASE, DESPITE THE FACT THAT PARTICIPANTS HAVE EARNED AN ADDITIONAL YEAR OF BENEFIT ACCRUAL. REGARDING THE IMPACT OF A CHANGE IN STATUS, SPECIFICALLY FOR A PARTICIPANT THAT RETIRES FROM ACTIVE EMPLOYMENT DURING THE YEAR AT AN AGE EARLIER THAN EXPECTED, THIS WILL RESULT IN AN INCREASE IN LIABILITY. THE REASON FOR THIS IS BECAUSE THE PARTICIPANT IS NOW RECEIVING THEIR PENSION BENEFIT FOR A LONGER PERIOD OF TIME THAN PREVIOUSLY VALUED.

Additional Data

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
NEW JERSEY EDUCATION ASSOCIATION

Employer identification number
21-0524390

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	NEW JERSEY EDUCATION ASSOCIATION (NJEA) IS A MEMBERSHIP ORGANIZATION. MEMBERSHIP TO NJEA IS DESCRIBED IN ARTICLE III OF ITS CONSTITUTION WHICH IS AVAILABLE UPON REQUEST.
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.
FORM 990, PART VI, SECTION A, LINE 7B	ACCORDING TO ARTICLE XIV OF NJEA'S CONTITUTION. AMENDMENTS TO NEW JERSEY EDUCATION ASSOCIATION'S CONSTITUTION MAY BE PROPOSED FOR CONSIDERATION BY A MAJORITY VOTE OF THE DELEGATE ASSEMBLY, OR MAY BE PROPOSED BY A PETITION SIGNED BY NOT LESS THAN 500 ACTIVE MEMBERS OF THE ASSOCIATION. AMENDMENTS SO PROPOSED SHALL BE PUBLISHED IN FULL IN THE OFFICIAL PUBLICATION OF THE ASSOCIATION AND SHALL THEN BE SUBMITTED BY BALLOT TO THE ACTIVE MEMBERS OF THE ASSOCIATION UNDER THE PROVISIONS GOVERNING THE ELECTION OF OFFICERS. VOTING ON AMENDMENTS MAY TAKE PLACE REGARDLESS OF WHETHER THE ELECTION OF OFFICERS IS ALSO TAKING PLACE. A TWO-THIRDS VOTE OF ALL BALLOTS CAST ON THE AMENDMENT SHALL BE NECESSARY FOR ITS ADOPTION. AMENDEMENT TO NJEA'S BY-LAWS MUST BE APPROVED BY A MAJORITY VOTE OF THE EXECUTIVE COMMITTEE OR A MAJORITY VOTE OF THE DELEGATE ASSEMBLY. AMENDMENTS SO PROPOSED SHALL BE SUBMITTED TO THE CONSTITUTION REVIEW COMMITTEE FOR REVEIW 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.
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.
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.
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.
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.
FORM 990, PART XI, LINE 9:	PENSION AND POST RETIREMENT - RELATED CHARGES OTHER THAN SERVICE COST 57,479,200.
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.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

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.

(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	(g) Section 512(b)(13) controlled entity? No
(1) NEW JERSEY EDUCATION ASSOCIATION HEALTH AND WELFARE BENEFITS TRUST 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 91-2003765	HEALTH AND WELFARE BENEFITS	NJ	501(C)(9)				No
(2) PAUL DIMITRIADIS RIGHTS FUND 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 22-2306050	LABOR ORGANIZATION	NJ	501(C)(5)				No
(3) NJEA BOLIVAR GRAHAM INTERN FUND 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 22-2165927	CHARITABLE ORGANIZATION	NJ	501(C)(3)	509(A)(3)			No
(4) NJEA EMPLOYEES' RETIREMENT TRUST FUND 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 21-0524390	PENSION FUND	NJ	401(A)/501(A)				No
(5) NJEA SUPPLEMENTAL SAVINGS PLAN 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 21-0524390	PENSION FUND	NJ	401(A)/501(A)				No
(6) NJEA POLITICAL ACTION COMMITTEE 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 22-2911965	POLITICAL ACTION COMMITTEE	NJ	SECTION 527				No
(7) FREDERICK L HIPP FOUNDATION 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 22-3277861	CHARITABLE ORGANIZATION	NJ	501(C)(3)	170(B)(1)(A)(VI)			No
(8) NJEA MEMBER BENEFIT FUND 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 13-4270499	WELFARE BENEFIT FUND	NJ	501(C)(9)				No
(9) GARDEN STATE FORWARD 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 46-2383979	POLITICAL ACTION COMMITTEE	NJ	SECTION 527				No
(10) NJEA AFFILIATES RISK GROUP 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 47-2729925	CHARITABLE ORGANIZATION	NJ	501(C)(3)	LINE 12A, I			No
(11) NJEA TEACHER LEADER ACADEMY INC 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 36-4929813	SCHOOL	NJ	501(C)(3)	LINE 2			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) Disproprtionate 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.

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete 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	797,464	CASH
(2) GARDEN STATE FORWARD	B	11,586,850	CASH
(3) NJEA AFFILIATES RISK GROUP	B	245,480	CASH
(4) NJEA HEALTH & WELFARE BENEFIT TRUST	R	15,298,369	CASH
(5) FREDERICK L HIPP FOUNDATION	B	50,000	CASH

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493194007043

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.

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 09-01-2021 , and ending 08-31-2022

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 $ 166,516,698

F Name and address of principal officer:
SEAN M SPILLER
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.

H(c) Group exemption number ▶

I Tax-exempt status: ☐ 501(c)(3) ☑ 501(c) (5) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.NJEA.ORG

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.

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	39
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	35
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	**5**	559
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	184,692
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	6,487,831	7,446,371
9	Program service revenue (Part VIII, line 2g)	137,902,529	137,754,389
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,673,816	17,479,320
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	43,763	67,344
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	153,107,939	162,747,424
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	14,128,116	10,136,555
14	Benefits paid to or for members (Part IX, column (A), line 4)	2,055,952	59,897
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	67,287,113	70,627,310
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	48,894,181	56,281,717
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	132,365,362	137,105,479
19	Revenue less expenses. Subtract line 18 from line 12	20,742,577	25,641,945

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	222,977,230	244,564,992
21	Total liabilities (Part X, line 26)	120,126,415	62,303,355
22	Net assets or fund balances. Subtract line 21 from line 20	102,850,815	182,261,637

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 — 2023-07-13 Date

PETAL ROBERTSON SECRETARY-TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2023-07-11		P00360279

Firm's name ▶ NOVAK FRANCELLA LLC — Firm's EIN ▶ 61-1436956

Firm's address ▶ 40 MONUMENT RD STH FLR, BALA CYNWYD, PA 19004 — Phone no. (610) 668-9400

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE MISSION OF THE NEW JERSEY EDUCATION ASSOCIATION IS TO ADVANCE AND PROTECT THE RIGHTS, BENEFITS, AND INTERESTS OF MEMBERS, AND PROMOTE A QUALITY SYSTEM OF PUBLIC EDUCATION FOR ALL STUDENTS.

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

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

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

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

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

4a (Code:) (Expenses $ including grants of $) (Revenue $)
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
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		No
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions.	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3	Yes	
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions.	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	2,073		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	559		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see the instructions and file Form 4720, Schedule N.			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	No
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . If "Yes," complete Form 6069.			**17**	

Part VI **Governance, Management, and Disclosure.** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*
Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	39		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	35		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶ACCOUNTING MANAGER 180 W STATE STREET PO BOX 1211 TRENTON, NJ 086071211 (609) 599-4561

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

☐ 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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)*

(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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								3,946,892	0	-3,103,189

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 ▶ 167

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NEW MEDIA FIRM 1730 RHODE ISLAND AVE NW STE 213 WASHINGTON, DC 20036	CONSULTANT	9,314,218
ZAZZALI FAGELLA NOWAK KLEINBAUM & FREI 570 BROAD STREET SUITE 1402 NEWARK, NJ 07102	LEGAL SERVICES	2,466,390
SELIKOFF & COHEN PA PMB 136 100 SPRINGDALE RD STE 3A CHERRY HILL, NJ 08003	LEGAL SERVICES	2,393,792
CARUSO SMITH EDELL PICINI PC 60 ROUTE 46 EAST FAIRFIELD, NJ 07004	LEGAL SERVICES	2,089,982
OXFELD COHEN PC 60 PARK PLACE 6TH FLR NEWARK, NJ 07102	LEGAL SERVICES	1,455,544

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 ▶ 52

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,446,371			
	g Noncash contributions included in lines 1a - 1f: $	1g				
	h **Total.** Add lines 1a-1f		7,446,371			
Program Service Revenue		Business Code				
	2a MEMBERSHIP DUES	900099	136,770,546	136,770,546		
	b CONFERENCES	900099	407,577	407,577		
	c CONVENTION	900099	236,433	236,433		
	d PUBLICATION INCOME	511190	184,692		184,692	
	e TEACHER LEADER ACADEMY FEE	900099	81,000	81,000		
	f All other program service revenue.		74,141			74,141
	g **Total.** Add lines 2a–2f.		137,754,389			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		17,331,226			17,331,226
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents 6a					
	b Less: rental expenses 6b					
	c Rental income or (loss) 6c					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory 7a	3,683,601	233,767			
	b Less: cost or other basis and sales expenses 7b	3,538,535	230,739			
	c Gain or (loss) 7c	145,066	3,028			
	d Net gain or (loss)		148,094			148,094
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 8a					
	b Less: direct expenses 8b					
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19 9a					
	b Less: direct expenses 9b					
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances 10a					
	b Less: cost of goods sold 10b					
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a OTHER INCOME	900099	67,344			67,344
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d		67,344			
	12 **Total revenue.** See instructions		162,747,424	137,495,556	184,692	17,620,805

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	10,136,555			
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members	59,897			
5 Compensation of current officers, directors, trustees, and key employees	991,271			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	34,236,159			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	14,375,197			
9 Other employee benefits	18,409,981			
10 Payroll taxes	2,614,702			
11 Fees for services (non-employees):				
a Management				
b Legal	12,318,178			
c Accounting	150,200			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	675,480			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,416,551			
12 Advertising and promotion	7,919,988			
13 Office expenses	3,604,621			
14 Information technology	2,314,920			
15 Royalties				
16 Occupancy	3,366,042			
17 Travel	2,651,534			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,292,283			
20 Interest				
21 Payments to affiliates	5,200,289			
22 Depreciation, depletion, and amortization	2,921,038			
23 Insurance	571,909			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ORGANIZING EXPENSES	6,924,154			
b TRAINING PROG. & SERV.	2,248,928			
c PUBLIC/GOVERNMENT RELAT	414,347			
d COMMITTEE EXPENSES	107,517			
e All other expenses	183,738			
25 **Total functional expenses.** Add lines 1 through 24e	137,105,479			
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		13,976,901	1	28,158,180
	2	Savings and temporary cash investments		528,797	2	507,746
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		2,966,067	4	847,512
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		29,500	8	4,136
	9	Prepaid expenses and deferred charges		1,562,926	9	1,034,903
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 45,157,289			
	b	Less: accumulated depreciation	10b 27,593,887	18,954,670	10c	17,563,402
	11	Investments—publicly traded securities		173,257,182	11	154,413,715
	12	Investments—other securities. See Part IV, line 11		10,673,100	12	14,713,296
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		1,028,087	15	27,322,102
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		222,977,230	16	244,564,992
Liabilities	17	Accounts payable and accrued expenses		3,760,954	17	6,075,605
	18	Grants payable			18	
	19	Deferred revenue		975,476	19	1,183,776
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		115,389,985	25	55,043,974
	26	**Total liabilities.** Add lines 17 through 25		120,126,415	26	62,303,355
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		102,503,479	27	181,934,301
	28	Net assets with donor restrictions		347,336	28	327,336
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		102,850,815	32	182,261,637
	33	Total liabilities and net assets/fund balances		222,977,230	33	244,564,992

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	162,747,424
2	Total expenses (must equal Part IX, column (A), line 25)	2	137,105,479
3	Revenue less expenses. Subtract line 2 from line 1	3	25,641,945
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	102,850,815
5	Net unrealized gains (losses) on investments	5	-31,490,188
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	85,259,065
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	182,261,637

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Additional Data

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

Form 990 (2021)

Form 990, Part III, Line 4a:

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

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			
SEAN M SPILLER PRESIDENT	40.00			X				291,289	0	-106,217
STEVE BEATTY VICE PRESIDENT	40.00			X				266,885	0	3,097
PETAL T ROBERTSON SECRETARY-TREASURER	40.00			X				87,980	0	40,896
STEVE SWETSKY EXECUTIVE DIRECTOR	40.00				X			411,864	0	-385,830
ROBERT M LAMORTE EXECUTIVE COMMITTEE	2.00	X						4,059	0	0
FRANCISCO C BARQUIN EXECUTIVE COMMITTEE	2.00	X						4,059	0	0
BRENDA BRATHWAITE EXECUTIVE COMMITTEE	2.00	X						4,059	0	0
ESTHER A FLETCHER EXECUTIVE COMMITTEE	2.00	X						4,059	0	0
LAURIE T GIBSON-PARKER EXECUTIVE COMMITTEE	2.00	X						4,059	0	0
TAMMI J LEE EXECUTIVE COMMITTEE	2.00	X						4,059	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			
CHRISTINE ONORATO EXECUTIVE COMMITTEE	2.00	X						3,461	0	0
CHRISTINE SAMPSON-CLARK EXECUTIVE COMMITTEE	2.00	X						4,059	0	0
ANITA KOBER EXECUTIVE COMMITTEE	2.00	X						4,059	0	0
RICHARD F D'AVANZO EXECUTIVE COMMITTEE	2.00	X						4,059	0	0
SARAH M ADAMO EXECUTIVE COMMITTEE	2.00	X						0	0	0
TAMARA Y BEATTY EXECUTIVE COMMITTEE	2.00	X						0	0	0
HEIDI C BRACHE EXECUTIVE COMMITTEE	2.00	X						5,598	0	0
TEMIKA LANGSTON-MYERS EXECUTIVE COMMITTEE	2.00	X						5,598	0	0
RONALD F GRECO EXECUTIVE COMMITTEE	2.00	X						3,461	0	0
PETER A HELFF EXECUTIVE COMMITTEE	2.00	X						3,461	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			
AARON P HONAKER EXECUTIVE COMMITTEE	2.00	X						4,059	0	0
CARLA MANCUSO EXECUTIVE COMMITTEE	2.00	X						0	0	0
SUSAN C MANIGLIA EXECUTIVE COMMITTEE	2.00	X						4,059	0	0
SUSAN S BUTTERFIELD EXECUTIVE COMMITTEE	2.00	X						4,059	0	0
DAWN A NICHOL-MANNING EXECUTIVE COMMITTEE	2.00	X						0	0	0
SUSAN MCBRIDE EXECUTIVE COMMITTEE	2.00	X						4,059	0	0
PETER J MORAN EXECUTIVE COMMITTEE	2.00	X						4,059	0	0
BARBARA B RHEAULT EXECUTIVE COMMITTEE	2.00	X						0	0	0
SUSAN R VALA EXECUTIVE COMMITTEE	2.00	X						4,059	0	0
LISA M SIMONE EXECUTIVE COMMITTEE	2.00	X						0	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			
MELISSA TOMLINSON EXECUTIVE COMMITTEE	2.00	X						0	0	0
JOAN M WRIGHT EXECUTIVE COMMITTEE	2.00	X						0	0	0
ASHANTI T RANKIN EXECUTIVE COMMITTEE	2.00	X						4,059	0	0
STACY A YANKO EXECUTIVE COMMITTEE	2.00	X						0	0	0
MARILYN EDGE EXECUTIVE COMMITTEE	2.00	X						4,059	0	0
LOIS YUKNA EXECUTIVE COMMITTEE	2.00	X						4,059	0	0
KERRI LEE FARRELL EXECUTIVE COMMITTEE	2.00	X						4,059	0	0
AMY L SALNGER EXECUTIVE COMMITTEE	2.00	X						4,059	0	0
VALERIE C REYNOLDS EXECUTIVE COMMITTEE	2.00	X						4,059	0	0
MARIE E BLISTAN IMMED PAST PRES - EXECUTIVE COMMITTEE	2.00						X	413,943	0	-212,806

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			
JAMES R FRAZIER EXECUTIVE COMMITTEE (P)	2.00	X						2,855	0	0
BRIAN J REILLY EXECUTIVE COMMITTEE (P)	2.00	X						865	0	0
KIMBERLY L SCOTT-HAYDEN EXECUTIVE COMMITTEE (P)	2.00	X						2,713	0	0
KEVIN KELLEHER DIRECTOR, RESEARCH & ECONO	40.00					X		351,278	0	-614,122
PATRICK MANAHAN REGIONAL DIRECTOR, UNISERV	40.00					X		285,664	0	-111,448
MICHAEL COHAN DIRECTOR, PROFESSIONAL DEV	40.00					X		306,926	0	-32,279
STEVEN BAKER DIRECTOR, COMMUNICATIONS	40.00					X		298,121	0	-437,608
THOMAS HARDY REGIONAL DIRECTOR, UNISERV	40.00				X			300,181	0	-642,166
KAREN KRYVEN COMPTROLLER	40.00					X		301,646	0	-459,027
MATTHEW DIRADO HR MANAGER	40.00				X			276,049	0	-111,882

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			
KRISTEN SHERMAN ACCOUNTING AND FINANCE MAN	40.00				X			241,815	0	-33,797

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SCHEDULE C (Form 990)

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.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

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	Employer identification number
NEW JERSEY EDUCATION ASSOCIATION	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. See instructions for definition of "political campaign activities."

2 Political campaign activity expenditures. See instructions ▶ $

3 Volunteer hours for political campaign activities. See instructions

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		799,621
2				
3				
4				
5				
6				

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-.		
i Subtract line 1f from line 1c. If zero or less, enter -0-.		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period — Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, 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.

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ 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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

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
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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
1a Beginning of year balance	3,886,920	3,439,033	3,138,495	3,191,697	2,984,239
b Contributions . . .	957,616	229,700	236,022	231,969	187,938
c Net investment earnings, gains, and losses	-1,068,779	218,186	63,969	-284,624	19,520
d Grants or scholarships . . .					
e Other expenditures for facilities and programs . . .					
f Administrative expenses					
g End of year balance	3,775,757	3,886,920	3,439,033	3,139,042	3,191,697

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 Term 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
(i) Unrelated organizations	3a(i)	No
(ii) Related organizations	3a(ii) Yes	
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b 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
1a Land		1,359,581		1,359,581
b Buildings		30,016,728	17,104,000	12,912,728
c Leasehold improvements				
d Equipment		8,139,018	6,385,801	1,753,217
e Other		5,641,962	4,104,086	1,537,876
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				17,563,402

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	11,606,370	F
(B) SEI GPA IV PRIVATE QUITY FUND	3,106,926	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	14,713,296	

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)		
(10)		
Total. *(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) ADVANCES TO EMPLOYEES	84,306
(2) DEPOSITS	583,328
(3) OTHER RECEIVABLES	353,784
(4) POSTRETIREMENT BENEFIT ASSET	26,300,684
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	27,322,102

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED VACATION & SICK PAY	7,551,369
(3) DEFERRED COMPENSATION	987,174
(4) ACCRUED POSTRETIREMENT BENEFITS	46,262,865
(5) CURRENT MATURITY OF CAPITAL LEASE OBLIGATIONS	240,274
(6) DUE TO RELATED FUND	2,292
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	55,043,974

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.

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

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

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

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	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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 ADVAN CE 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 EDUC ATIONAL AND INSTRUCTIONAL EXCELLENCE.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY NJEA AND RECOGNIZE A TAX LIABILITY IF NJEA HAS TAKEN AN UNCERTAIN POSITION THAT, MORE LIKELY THAN NOT, WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE U.S. FEDERAL, STATE, OR LOCAL TAXING AUTHORITIES. NJEA IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. TYPICALLY, TAX YEARS WILL REMAIN OPEN FOR THREE YEARS; HOWEVER, THIS MAY DIFFER DEPENDING UPON THE CIRCUMSTANCES OF NJEA.

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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.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2021

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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(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 . . . . . ▶ 26

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 5

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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.

(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
AMERICA'S AGENDA HEALTH CARE FOR ALL INC 1025 CONNECTICUT AVE NW STE 907 WASHINGTON, DC 20036	20-0682634	501(C)(4)	50,000	0			FINANCIAL SUPPORT
BLUEWAVE NJ 139 UNION ST MONTCLAIR, NJ 07042	20-2813200	501(C)(4)	7,000	0			FINANCIAL SUPPORT

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

(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
BUILDING ONE AMERICA PO BOX 1135 HADDONFIELD, NJ 08033	41-1902111	501(C)(3)	7,610	0			FINANCIAL SUPPORT
CONSERVE WILDLIFE FOUNDATION OF NEW JERSEY PO BOX 420 TRENTON, NJ 08625	22-3130406	501(C)(3)	10,000	0			FINANCIAL SUPPORT

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

(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
EDUCATION LAW CENTER 60 PARK PLACE SUITE 300 NEWARK, NJ 07102	22-2014555	501(C)(3)	600,000	0			FINANCIAL SUPPORT
FREDERICK L HIPP FOUNDATION 180 WEST STATE STREET TRENTON, NJ 08607	22-3277861	501(C)(3)	60,100	0			FINANCIAL SUPPORT

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

(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
GARDEN STATE FORWARD 180 WEST STATE STREET TRENTON, NJ 08607	46-2383979	N/A	6,000,000	0			FINANCIAL SUPPORT
GARDEN STATE EQUALITY EDUCATION FUND INC 1408 MAIN STREET ASBURY PARK, NJ 07712	20-2588166	501(C)(3)	17,500	0			FINANCIAL SUPPORT

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

(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
GREAT LAKES CENTER FOR EDUCATION RESEARCH AND PRACTICE PO BOX 1263 EAST LANSING, MI 48826	38-3555110	501(C)(3)	10,000	0			FINANCIAL SUPPORT
LATINO INSTITUTE INC PO BOX 443 LAKEHURST, NJ 08733	20-1516874	501(C)(3)	7,000	0			FINANCIAL SUPPORT

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

(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
MIDDLESEX COUNTY REGIONAL COUNCIL FOR THE ARTS 154 MAIN STREET SUITE 102 MATAWAN, NJ 07747	22-2014553	501(C)(3)	35,000	0			FINANCIAL SUPPORT
NAACP NEW JERSEY STATE CONFERENCE 4326 HARBOR BEACH BLVD 775 BRIGANTINE, NJ 08203	27-0809471	501(C)(4)	10,000	0			FINANCIAL SUPPORT

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

(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
NEA MEMBER BEENFITS RELIEF FUND 900 COOPER ST SUITE 300 GAITHERSBURG, MD 20878	83-1482016	501(C)(3)	20,000	0			FINANCIAL SUPPORT
NJ CENTER FOR TEACHING AND LEARNING 115 FRANKLIN TURNPIKE 203 MAHWAH, NJ 07430	77-0667571	501(C)(3)	750,000	0			FINANCIAL SUPPORT

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

(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
NJ COMMISSION ON HOLOCAUST EDUCATION 100 RIVERVIEW PLAZA TRENTON, NJ 08625		N/A	100,000	0			FINANCIAL SUPPORT
NJ HALL OF FAME 111 WOOD AVE S STE 600 ISELIN, NJ 08830	22-3291935	501(C)(3)	50,000	0			FINANCIAL SUPPORT

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

(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
NJ POLICY PERSPECTIVE INC 137 W HANOVER STREET TRENTON, NJ 08618	22-3492715	501(C)(3)	200,000	0			FINANCIAL SUPPORT
NJ WORK ENVIRONMENTAL COUNCIL 172 WEST STATE ST 2ND FLR TRENTON, NJ 08618	22-2751863	501(C)(3)	100,000	0			FINANCIAL SUPPORT

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

(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
PUSH TO WALK 100 BAUER DRIVE OAKLAND, NJ 07436	20-8059368	501(C)(3)	10,000	0			FINANCIAL SUPPORT
SUSAN G KOMEN BREAST CANCER FOUNDATION TWO PRINCESS RD STE D LAWRENCEVILLE, NJ 08648	43-2052349	501(C)(3)	15,000	0			FINANCIAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SUSTAINABLE JERSEY A NJ NONPROFIT CORPORATION PO BOX 6855 LAWRENCEVILLE, NJ 08648	45-3848336	501(C)(3)	250,000	0			FINANCIAL SUPPORT
THE COLLEGE OF NEW JERSEY FOUNDATION INC 2000 PENNINGTON ROAD EWING, NJ 08628	22-2448189	501(C)(3)	354,000	0			FINANCIAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
THE NEA FOUNDATION 1201 16TH ST NW STE 416 WASHINGTON, DC 20036	23-7035089	501(C)(3)	10,000	0			FINANCIAL SUPPORT

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Schedule J (Form 990)

Compensation Information

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NEW JERSEY EDUCATION ASSOCIATION

Employer identification number
21-0524390

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☑ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on 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	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	☑ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	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:			
a	Receive a severance payment or change-of-control payment?	4a	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	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:			
a	The organization?	5a		
b	Any related organization?	5b		
	If "Yes," on line 5a or 5b, describe in Part III.			
6	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:			
a	The organization?	6a		
b	Any related organization?	6b		
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported 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, 1099-MISC compensation, and/or 1099-NEC			(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				
1 SEAN M SPILLER PRESIDENT	(i)	291,289	0	0	-152,160	45,943	185,072	0
	(ii)	0	0	0	0	0	0	0
2 STEVE BEATTY VICE PRESIDENT	(i)	266,885	0	0	-42,846	45,943	269,982	0
	(ii)	0	0	0	0	0	0	0
3 STEVE SWETSKY EXECUTIVE DIRECTOR	(i)	411,864	0	0	-431,773	45,943	26,034	0
	(ii)	0	0	0	0	0	0	0
4 MARIE E BLISTAN IMMED PAST PRES - EXECUTIVE COMMITTE	(i)	413,943	0	0	-242,710	29,904	201,137	0
	(ii)	0	0	0	0	0	0	0
5 PATRICK MANAHAN REGIONAL DIRECTOR, UNISERV	(i)	285,664	0	0	-157,391	45,943	174,216	0
	(ii)	0	0	0	0	0	0	0
6 MICHAEL COHAN DIRECTOR, PROFESSIONAL DEV	(i)	306,926	0	0	-78,222	45,943	274,647	0
	(ii)	0	0	0	0	0	0	0
7 THOMAS HARDY REGIONAL DIRECTOR, UNISERV	(i)	300,181	0	0	-688,109	45,943	-341,985	0
	(ii)	0	0	0	0	0	0	0
8 MATTHEW DIRADO HR MANAGER	(i)	276,049	0	0	-157,825	45,943	164,167	0
	(ii)	0	0	0	0	0	0	0
9 KRISTEN SHERMAN ACCOUNTING AND FINANCE MAN	(i)	241,815	0	0	-79,740	45,943	208,018	0
	(ii)	0	0	0	0	0	0	0

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 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
SCHEDULE J, PART II, COLUMN C:	THE AMOUNTS REPORTED ON SCHEDULE J, PART II, COLUMN C REPRESENT ACTUARIAL PROJECTIONS OF THE FUTURE LIFETIME VALUE OF PENSION BENEFITS, AND ARE RECALCULATED EVERY YEAR UNTIL RETIREMENT. THOSE NUMBERS CAN VARY DRAMATICALLY FROM YEAR TO YEAR BASED ON MANY FACTORS. THESE FACTORS INCLUDE: ADDITIONAL BENEFIT ACCRUALS EARNED DURING THE YEAR CHANGE IN ASSUMPTIONS (PRIMARILY DISCOUNT RATE) TIME-VALUE OF MONEY (I.E., DISCOUNTING ONE YEAR LESS TO COMMENCEMENT AS COMPARED TO LAST YEAR) CHANGE IN STATUS, IF APPLICABLE (E.G., FROM ACTIVE TO RETIREE) REGARDING THE SECOND BULLET ABOVE, THE APPLICABLE DISCOUNT RATE EACH YEAR IS DETERMINED BASED ON MARKET CONDITIONS AS OF AUGUST 31ST. FOR YEARS IN WHICH THERE IS A SIGNIFICANT DECREASE IN DISCOUNT RATE, THE CORRESPONDING LIABILITY UNDER THE PENSION PLAN WILL INCREASE. CONVERSELY, FOR YEARS IN WHICH THERE IS A SIGNIFICANT INCREASE IN DISCOUNT RATE, THE CORRESPONDING LIABILITY MAY DECREASE, DESPITE THE FACT THAT PARTICIPANTS HAVE EARNED AN ADDITIONAL YEAR OF BENEFIT ACCRUAL. REGARDING THE IMPACT OF A CHANGE IN STATUS, SPECIFICALLY FOR A PARTICIPANT THAT RETIRES FROM ACTIVE EMPLOYMENT DURING THE YEAR AT AN AGE EARLIER THAN EXPECTED, THIS WILL RESULT IN AN INCREASE IN LIABILITY. THE REASON FOR THIS IS BECAUSE THE PARTICIPANT IS NOW RECEIVING THEIR PENSION BENEFIT FOR A LONGER PERIOD OF TIME THAN PREVIOUSLY VALUED.

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, 1099-MISC compensation, and/or 1099-NEC			(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				
1SEAN M SPILLER PRESIDENT	(i)	291,289	0	0	-152,160	45,943	185,072	0
	(ii)	0	0	0	0	0	0	0
1STEVE BEATTY VICE PRESIDENT	(i)	266,885	0	0	-42,846	45,943	269,982	0
	(ii)	0	0	0	0	0	0	0
2STEVE SWETSKY EXECUTIVE DIRECTOR	(i)	411,864	0	0	-431,773	45,943	26,034	0
	(ii)	0	0	0	0	0	0	0
3MARIE E BLISTAN IMMED PAST PRES - EXECUTIVE COMMITTE	(i)	413,943	0	0	-242,710	29,904	201,137	0
	(ii)	0	0	0	0	0	0	0
4PATRICK MANAHAN REGIONAL DIRECTOR, UNISERV	(i)	285,664	0	0	-157,391	45,943	174,216	0
	(ii)	0	0	0	0	0	0	0
5MICHAEL COHAN DIRECTOR, PROFESSIONAL DEV	(i)	306,926	0	0	-78,222	45,943	274,647	0
	(ii)	0	0	0	0	0	0	0
6THOMAS HARDY REGIONAL DIRECTOR, UNISERV	(i)	300,181	0	0	-688,109	45,943	-341,985	0
	(ii)	0	0	0	0	0	0	0
7MATTHEW DIRADO HR MANAGER	(i)	276,049	0	0	-157,825	45,943	164,167	0
	(ii)	0	0	0	0	0	0	0
8KRISTEN SHERMAN ACCOUNTING AND FINANCE MAN	(i)	241,815	0	0	-79,740	45,943	208,018	0
	(ii)	0	0	0	0	0	0	0

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name 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 2	STEVE BEATTY, VICE-PRESIDENT AND TAMARA Y. BEATTY, EXECUTIVE COMMITTEE MEMBER, HAVE A FAMILY RELATIONSHIP.

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 I S 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 CONTITUTION. AMENDMENTS TO NEW JERSEY EDUCATION ASSOCIATION'S CONSTITUTION MAY BE PROPOSED FOR CONSIDERATION BY A MAJORITY VOTE OF THE DELEGATE ASSEMBLY, OR MAY BE PROPOSED BY A PETITION SIGNED BY NOT LESS THAN 500 ACTIVE MEMBERS OF THE ASSOCIATION. AMENDMENTS SO PROPOSED SHALL BE PUBLISHED IN FULL IN THE OFFICIAL PUBLICATION OF THE ASSOCIATION AND SHALL THEN BE SUBMITTED BY BALLOT TO THE ACTIVE MEMBERS OF THE ASSOCIATION UNDER THE PROVISIONS GOVERNING THE ELECTION OF OFFICERS. VOTING ON AMENDMENTS MAY TAKE PLACE REGARDLESS OF WHETHER THE ELECTION OF OFFICERS IS ALSO TAKING PLACE. A TWO-THIRDS VOTE OF ALL BALLOTS CAST ON THE AMENDMENT SHALL BE NECESSARY FOR ITS ADOPTION. AMENDEMENT TO NJEA'S BY-LAWS MUST BE APPROVED BY A MAJORITY VOTE OF THE EXECUTIVE COMMITTEE OR A MAJORITY VOTE OF THE DELEGATE ASSEMBLY. AMENDMENTS SO PROPOSED SHALL BE SUBMITTED TO THE CONSTITUTION REVIEW COMMITTEE FOR REVEIW 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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY FOR NJEA OFFICIALS: NO NJEA OFFICIAL SH ALL, 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 APPEAR ANCE OF A CONFLICT WITH, THE PROPER AND FAITHFUL PERFORMANCE OF HIS OR HER NJEA RESPONSIBI LITIES. A COPY OF THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO ALL NJEA OFFICIALS, AL L 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 WH ICH HE/SHE KNOWS OR HAS REASON TO BELIEVE IS OFFERED TO HIM/HER WITH THE INTENT TO INFLUEN CE HIM/HER IN THE PERFORMANCE OF HIS/HER NJEA DUTIES AND RESPONSIBILITIES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	EXECUTIVE DIRECTOR, MANAGEMENT AND KEY EMPLOYEE COMPENSATION: THE ORGANIZATION COLLECTED C OMPARATIVE 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' COMPENSATI ON 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

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	PENSION AND POST RETIREMENT - RELATED CHARGES OTHER THAN SERVICE COST 85,259,065.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	NEW JERSEY EDUCATION ASSOCIATION'S (NJEA) GOVERNING BODY IS RESPONSIBLE FOR OVERSEEING THE FINANCIAL STATEMENT AUDIT AND SELECTION OF THE INDEPENDENT ACCOUNTANT THAT PERFORMS THE A UDIT. NJEA'S FINANCIAL STATEMENTS ARE PREPARED ON A CONSOLIDATED BASIS.

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

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.

(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	(g) Section 512(b)(13) controlled entity? No
See Additional Data Table							

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) Disproprtionate 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
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c	Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o	Sharing of paid employees with related organization(s)	1o		No
p	Reimbursement paid to related organization(s) for expenses	1p		No
q	Reimbursement paid by related organization(s) for expenses	1q	Yes	
r	Other transfer of cash or property to related organization(s)	1r	Yes	
s	Other transfer of cash or property from related organization(s)	1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete 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	559,929	CASH
(2)GARDEN STATE FORWARD	B	6,000,000	CASH
(3)NJEA AFFILIATES RISK GROUP	B	161,134	CASH
(4)NJEA HEALTH & WELFARE BENEFIT TRUST	R	15,066,222	CASH
(5)FREDERICK L HIPP FOUNDATION	B	60,100	CASH
(6)NJEA MEMBER BENEFIT FUND	C	276,000	CASH

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 21-0524390
Name: NEW JERSEY EDUCATION ASSOCIATION

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 91-2003765	HEALTH AND WELFARE BENEFITS	NJ	501(C)(9)				No
180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 22-2306050	LABOR ORGANIZATION	NJ	501(C)(5)				No
180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 22-2165927	CHARITABLE ORGANIZATION	NJ	501(C)(3)	509(A)(3)			No
180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 21-0524390	PENSION FUND	NJ	401(A)/501(A)				No
180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 21-0524390	PENSION FUND	NJ	401(A)/501(A)				No
180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 22-2911965	POLITICAL ACTION COMMITTEE	NJ	SECTION 527				No
180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 22-3277861	CHARITABLE ORGANIZATION	NJ	501(C)(3)	170(B)(1)(A)(VI)			No
180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 13-4270499	WELFARE BENEFIT FUND	NJ	501(C)(9)				No
180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 46-2383979	POLITICAL ACTION COMMITTEE	NJ	SECTION 527				No
180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 47-2729925	CHARITABLE ORGANIZATION	NJ	501(C)(3)	LINE 12A, I			No
180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 36-4929813	SCHOOL	NJ	501(C)(3)	LINE 2			No

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
NJEA POLITICAL ACTION COMMITTEE	R	559,929	CASH
GARDEN STATE FORWARD	B	6,000,000	CASH
NJEA AFFILIATES RISK GROUP	B	161,134	CASH
NJEA HEALTH & WELFARE BENEFIT TRUST	R	15,066,222	CASH
FREDERICK L HIPP FOUNDATION	B	60,100	CASH
NJEA MEMBER BENEFIT FUND	C	276,000	CASH

Form **990**

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.

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2022 calendar year, or tax year beginning 09-01-2022 , and ending 08-31-2023

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 $ 161,970,424

F Name and address of principal officer:
SEAN M SPILLER
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.

H(c) Group exemption number ▶

I Tax-exempt status: ☐ 501(c)(3) ☑ 501(c) (5) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.NJEA.ORG

K Form of organization: ☐ Corporation ☐ Trust ☑ Association ☐ Other ▶

L Year of formation: 1853

M State of legal domicile: NJ

Part I Summary

Activities & Governance

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.

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	41
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	38
5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	**5**	574
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	187,241
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	**7b**	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	7,446,371	6,153,323
9	Program service revenue (Part VIII, line 2g)	137,754,389	139,546,377
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,479,320	9,396,735
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	67,344	58,622
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	162,747,424	155,155,057

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	10,136,555	11,827,742
14	Benefits paid to or for members (Part IX, column (A), line 4)	59,897	183,247
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	70,627,310	66,354,013
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	56,281,717	60,703,560
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	137,105,479	139,068,562
19	Revenue less expenses. Subtract line 18 from line 12	25,641,945	16,086,495

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	244,564,992	250,419,848
21	Total liabilities (Part X, line 26)	62,303,355	29,343,814
22	Net assets or fund balances. Subtract line 21 from line 20	182,261,637	221,076,034

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: 2024-07-12

▶ PETAL ROBERTSON SECRETARY-TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2024-07-12		P00360279

Firm's name ▶ NOVAK FRANCELLA LLC — Firm's EIN ▶ 61-1436956

Firm's address ▶ 40 MONUMENT RD 5TH FLR
BALA CYNWYD, PA 19004 — Phone no. (610) 668-9400

May the IRS discuss this return with the preparer shown above? See Instructions. ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☐

1 Briefly describe the organization's mission:

THE MISSION OF THE NEW JERSEY EDUCATION ASSOCIATION IS TO ADVANCE AND PROTECT THE RIGHTS, BENEFITS, AND INTERESTS OF MEMBERS, AND PROMOTE A QUALITY SYSTEM OF PUBLIC EDUCATION FOR ALL STUDENTS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ including grants of $) (Revenue $)

TO ASSIST ALL MEMBERS IN THE ECONOMIC, PROFESSIONAL AND SOCIAL ADVANCEMENT OF THEIR CONDITION AND STATUS.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		No
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions.	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3	Yes	
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions.	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	432		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 574				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	Yes		
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**	Yes		
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*	**3b**	Yes		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**		No	
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**		No	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		No	
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**		No	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**				
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders **11a**				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. **12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**				
c	Enter the amount of reserves on hand **13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		No	
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	**14b**			
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	**15**		No	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**		No	
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	**17**			

Part VI **Governance, Management, and Disclosure.** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	41		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	38		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	**5**			No
6	Did the organization have members or stockholders?	**6**		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶ACCOUNTING MANAGER 180 W STATE STREET PO BOX 1211 TRENTON,NJ086071211(609) 599-4561

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

☐ 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(1) SEAN M SPILLER PRESIDENT	40.00			X				370,096	0	69,569
(2) STEVE BEATTY VICE PRESIDENT	40.00			X				277,827	0	61,141
(3) PETAL T ROBERTSON SECRETARY-TREASURER	40.00			X				271,670	0	47,197
(4) STEVE SWETSKY EXECUTIVE DIRECTOR	40.00				X			430,502	0	318,515
(5) ROBERT M LAMORTE EXECUTIVE COMMITTEE	2.00	X						3,146	0	0
(6) FRANCISCO C BARQUIN EXECUTIVE COMMITTEE	2.00	X						3,146	0	0
(7) BRENDA BRATHWAITE EXECUTIVE COMMITTEE	2.00	X						3,146	0	0
(8) ESTHER A FLETCHER EXECUTIVE COMMITTEE	2.00	X						3,529	0	0
(9) LAURIE T GIBSON-PARKER EXECUTIVE COMMITTEE	2.00	X						3,146	0	0
(10) TAMMI J LEE EXECUTIVE COMMITTEE	2.00	X						3,745	0	0
(11) COLLEEN C GILMARTIN EXECUTIVE COMMITTEE	2.00	X						0	0	0
(12) CHRISTINE SAMPSON-CLARK EXECUTIVE COMMITTEE	2.00	X						3,796	0	0
(13) ANITA KOBER EXECUTIVE COMMITTEE	2.00	X						3,146	0	0
(14) RICHARD F D'AVANZO EXECUTIVE COMMITTEE	2.00	X						3,689	0	0
(15) SARAH M ADAMO EXECUTIVE COMMITTEE	2.00	X						0	0	0
(16) TAMARA Y BEATTY EXECUTIVE COMMITTEE	2.00	X						3,409	0	0
(17) HEIDI C BRACHE EXECUTIVE COMMITTEE	2.00	X						3,307	0	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) TEMIKA LANGSTON-MYERS EXECUTIVE COMMITTEE	2.00	X						3,146	0	0
(19) RONALD F GRECO EXECUTIVE COMMITTEE	2.00	X						3,146	0	0
(20) PETER A HELFF EXECUTIVE COMMITTEE	2.00	X						3,146	0	0
(21) RYAN GRIFFIN EXECUTIVE COMMITTEE	2.00	X						0	0	0
(22) CARLA MANCUSO EXECUTIVE COMMITTEE	2.00	X						3,415	0	0
(23) JAMIE JONES-BROWN EXECUTIVE COMMITTEE	2.00	X						0	0	0
(24) SUSAN S BUTTERFIELD EXECUTIVE COMMITTEE	2.00	X						3,392	0	0
(25) DAWN A NICHOL-MANNING EXECUTIVE COMMITTEE	2.00	X						3,689	0	0
(26) SUSAN MCBRIDE EXECUTIVE COMMITTEE	2.00	X						3,247	0	0
(27) PETER J MORAN EXECUTIVE COMMITTEE	2.00	X						3,146	0	0
(28) BARBARA B RHEAULT EXECUTIVE COMMITTEE	2.00	X						3,146	0	0
(29) SUSAN R VALA EXECUTIVE COMMITTEE	2.00	X						3,146	0	0
(30) LISA M SIMONE EXECUTIVE COMMITTEE	2.00	X						3,146	0	0
(31) MELISSA TOMLINSON EXECUTIVE COMMITTEE	2.00	X						3,164	0	0
(32) JOAN M WRIGHT EXECUTIVE COMMITTEE	2.00	X						3,641	0	0
(33) ASHANTI T RANKIN EXECUTIVE COMMITTEE	2.00	X						3,146	0	0
(34) STACY A YANKO EXECUTIVE COMMITTEE	2.00	X						1,835	0	0
(35) MARILYN EDGE EXECUTIVE COMMITTEE	2.00	X						0	0	0
(36) LOIS YUKNA EXECUTIVE COMMITTEE	2.00	X						3,146	0	0
(37) KERRI LEE FARRELL EXECUTIVE COMMITTEE	2.00	X						4,650	0	0
(38) AMY L SALINGER EXECUTIVE COMMITTEE	2.00	X						3,146	0	0
(39) STEVEN KOUMOULIS EXECUTIVE COMMITTEE	2.00	X						1,151	0	0
(40) MARIE E BLISTAN IMMED PAST PRES - EXECUTIVE COMMITTEE	2.00						X	173,329	0	0
(41) MARK RICHARDS EXECUTIVE COMMITTEE	2.00	X						699	0	0
(42) MATTHEW R YURO EXECUTIVE COMMITTEE	2.00	X						0	0	0
(43) KEVIN KELLEHER DIRECTOR, RESEARCH & ECONO	40.00				X			373,681	0	120,267
(44) DENISE GRAFF POLICASTRO DEPUTY EXECUTIVE DIRECTOR	40.00					X		288,288	0	96,806
(45) JOHN COTTONE DIRECTOR, IT & OPERATIONS	40.00					X		290,944	0	32,311
(46) STEVEN BAKER DIRECTOR, COMMUNICATIONS	40.00					X		309,496	0	-24,066
(47) THOMAS HARDY REGIONAL DIRECTOR, UNISERV	40.00				X			307,555	0	-13,154
(48) KAREN KRYVEN COMPTROLLER	40.00					X		315,236	0	-36,824
(49) MATTHEW DIRADO HR MANAGER	40.00				X			281,392	0	33,716
(50) KRISTEN SHERMAN ACCOUNTING AND FINANCE MAN	40.00				X			245,909	0	50,643
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								4,033,473	0	756,121

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 ▶ 170

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3	Yes	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NEW MEDIA FIRM 1730 RHODE ISLAND AVE NW STE 213 WASHINGTON, DC 20036	CONSULTANT	6,695,729
SELIKOFF & COHEN PA PMB 136 100 SPRINGDALE RD STE 3A CHERRY HILL, NJ 08003	LEGAL SERVICES	2,457,629
ZAZZALI FAGELLA NOWAK KLEINBAUM & FREI 570 BROAD STREET SUITE 1402 NEWARK, NJ 07102	LEGAL SERVICES	2,454,732
CARUSO SMITH EDELL PICINI PC 60 ROUTE 46 EAST FAIRFIELD, NJ 07004	LEGAL SERVICES	1,828,378
OXFELD COHEN PC 60 PARK PLACE 6TH FLR NEWARK, NJ 07102	LEGAL SERVICES	1,497,633

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 ▶ 50

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and OtherAmt Similar Amounts	1a Federated campaigns . . 1a				
	b Membership dues . . 1b				
	c Fundraising events . . 1c				
	d Related organizations 1d				
	e Government grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	6,153,323			
	g Noncash contributions included in lines 1a - 1f:$ 1g				
	h **Total.** Add lines 1a-1f . . . . . ▶	6,153,323			
Program Service Revenue	Business Code				
2a MEMBERSHIP DUES	900099	138,011,439	138,011,439		
b CONFERENCES	900099	861,045			861,045
c CONVENTION	900099	369,193			369,193
d PUBLICATION INCOME	513120	187,241		187,241	
e ROYALTY INCOME	900099	68,669			68,669
f All other program service revenue.		48,790	48,790		
g **Total.** Add lines 2a–2f. . . . . ▶	139,546,377				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	9,149,614			9,149,614
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents 6a	41,090			
	b Less: rental expenses 6b	0			
	c Rental income or (loss) 6c	41,090			
	d Net rental income or (loss)	41,090			41,090
		(i) Securities	(ii) Other ▶		
	7a Gross amount from sales of assets other than inventory 7a	6,698,245	364,243		
	b Less: cost or other basis and sales expenses 7b	6,572,228	243,139		
	c Gain or (loss) 7c	126,017	121,104		
	d Net gain or (loss) . . . . . ▶	247,121			247,121
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . 8a				
	b Less: direct expenses 8b				
	c Net income or (loss) from fundraising events . . ▶				
	9a Gross income from gaming activities. See Part IV, line 19 . . . 9a				
	b Less: direct expenses 9b				
	c Net income or (loss) from gaming activities . . ▶				
	10a Gross sales of inventory, less returns and allowances . . 10a				
	b Less: cost of goods sold 10b				
	c Net income or (loss) from sales of inventory . . ▶				
OtherRevenueMiscAmt	Business Code				
	11a OTHER INCOME 900099	17,532			17,532
	b				
	c				
	d All other revenue				
	e **Total.** Add lines 11a–11d . . . . . ▶	17,532			
	12 **Total revenue.** See instructions . . . . ▶	155,155,057	138,060,229	187,241	10,754,264

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	11,802,742			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	25,000			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members	183,247			
5 Compensation of current officers, directors, trustees, and key employees	3,969,358			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	33,964,157			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,856,648			
9 Other employee benefits	17,809,692			
10 Payroll taxes	2,754,158			
11 Fees for services (non-employees):				
a Management				
b Legal	12,600,984			
c Accounting	156,692			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	670,216			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,870,731			
12 Advertising and promotion	5,749,192			
13 Office expenses	3,873,845			
14 Information technology	2,154,029			
15 Royalties				
16 Occupancy	3,481,926			
17 Travel	3,381,081			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,564,456			
20 Interest				
21 Payments to affiliates	5,650,247			
22 Depreciation, depletion, and amortization	2,704,135			
23 Insurance	594,399			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ORGANIZING EXPENSES	8,338,939			
b TRAINING PROG. & SERV.	2,937,525			
c PUBLIC/GOVERNMENT RELAT	598,116			
d COMMITTEE EXPENSES	156,564			
e All other expenses	220,483			
25 **Total functional expenses.** Add lines 1 through 24e	139,068,562			
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		28,158,180	1	26,724,821
	2	Savings and temporary cash investments		507,746	2	541,751
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		847,512	4	391,911
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		4,136	8	130,936
	9	Prepaid expenses and deferred charges		1,034,903	9	1,057,158
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 46,274,847			
	b	Less: accumulated depreciation	10b 29,545,853	17,563,402	10c	16,728,994
	11	Investments—publicly traded securities		154,413,715	11	163,755,493
	12	Investments—other securities. See Part IV, line 11		14,713,296	12	13,820,702
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	7,290,967
	15	Other assets. See Part IV, line 11		27,322,102	15	19,977,115
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		244,564,992	16	250,419,848
Liabilities	17	Accounts payable and accrued expenses		6,075,605	17	6,137,987
	18	Grants payable			18	
	19	Deferred revenue		1,183,776	19	1,527,891
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		55,043,974	25	21,677,936
	26	**Total liabilities.** Add lines 17 through 25		62,303,355	26	29,343,814
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		181,934,301	27	220,760,198
	28	Net assets with donor restrictions		327,336	28	315,836
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		182,261,637	32	221,076,034
	33	Total liabilities and net assets/fund balances		244,564,992	33	250,419,848

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	155,155,057
2	Total expenses (must equal Part IX, column (A), line 25)	2	139,068,562
3	Revenue less expenses. Subtract line 2 from line 1	3	16,086,495
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . .	4	182,261,637
5	Net unrealized gains (losses) on investments	5	-44,620
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	22,772,522
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10	221,076,034

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		No
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.	3b		

Additional Data

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Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

Schedule B (Form 990) Department of the Treasury Internal Revenue Service	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047 2022

Name of the organization
NEW JERSEY EDUCATION ASSOCIATION

Employer identification number
21-0524390

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
NEW JERSEY EDUCATION ASSOCIATION

Employer identification number
21-0524390

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

Contributors

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	$ RESTRICTED	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization
NEW JERSEY EDUCATION ASSOCIATION

Employer identification number
21-0524390

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

Name of organization
NEW JERSEY EDUCATION ASSOCIATION

Employer identification number
21-0524390

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.)** ▶ $ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	

Additional Data

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SCHEDULE C
(Form 990)

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.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2022

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	**Employer identification number**
NEW JERSEY EDUCATION ASSOCIATION	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. See instructions for definition of "political campaign activities."

2 Political campaign activity expenditures. See instructions ▶ $

3 Volunteer hours for political campaign activities. See instructions

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		833,788
2				
3				
4				
5				
6				

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-.		
i Subtract line 1f from line 1c. If zero or less, enter -0-.		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period — Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	Yes	
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2	Yes	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		No

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures. See Instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, 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.

Additional Data

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Software ID:

Software Version:

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ 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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

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
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	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
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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 FASB 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 FASB 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 FASB 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
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

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
1a Beginning of year balance	3,775,757	3,886,920	3,439,033	3,138,495	3,191,697
b Contributions . . .	173,828	957,616	229,700	236,022	231,969
c Net investment earnings, gains, and losses	96,667	-1,068,779	218,186	63,969	-284,624
d Grants or scholarships . . .					
e Other expenditures for facilities and programs . . .					
f Administrative expenses					
g End of year balance	4,046,252	3,775,757	3,886,920	3,439,033	3,139,042

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 Term 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
(i) Unrelated organizations	3a(i)	No
(ii) Related organizations	3a(ii) Yes	
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b 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
1a Land		1,511,656		1,511,656
b Buildings		29,955,645	17,739,150	12,216,495
c Leasehold improvements				
d Equipment		8,972,061	7,272,979	1,699,082
e Other		5,835,485	4,533,724	1,301,761
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				16,728,994

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	10,822,032	F
(B) SEI GPA IV PRIVATE QUITY FUND	2,998,670	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	13,820,702	

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)		
Total. *(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)ADVANCES TO EMPLOYEES	68,640
(2)DEPOSITS	3,387,953
(3)OTHER RECEIVABLES	242,173
(4)POSTRETIREMENT BENEFIT ASSET	16,278,349
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	19,977,115

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	21,677,936

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.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART V, LINE 4:	THE FOUNDATION WAS ORGANIZED EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL PURPOSES, TO ADVANCE AND IMPROVE THE QUALITY OF EDUCATION AND THE TEACHING PROFESSION IN NEW JERSEY THROUGH THE STUDY, CREATION AND FUNDING OF INNOVATIVE PROGRAMS OR PROJECTS WHICH WILL FURTHER EDUCATIONAL AND INSTRUCTIONAL EXCELLENCE.
PART X, LINE 2:	ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY NJEA AND RECOGNIZE A TAX LIABILITY IF NJEA HAS TAKEN AN UNCERTAIN POSITION THAT, MORE LIKELY THAN NOT, WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE U.S. FEDERAL, STATE, OR LOCAL TAXING AUTHORITIES. NJEA IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. TYPICALLY, TAX YEARS WILL REMAIN OPEN FOR THREE YEARS; HOWEVER, THIS MAY DIFFER DEPENDING UPON THE CIRCUMSTANCES OF NJEA.

Additional Data

Return to Form

Software ID:

Software Version:

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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.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2022

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 noncash assistance	(h) Purpose of grant or assistance
(1) ADVOCATES FOR CHILDREN OF NEW JERSEY 35 HALSEY ST 2ND FLR NEWARK, NJ 07102	22-1685034	501(C)(3)	6,500	0			FINANCIAL SUPPORT
(2) EDUCATION LAW CENTER 60 PARK PLACE SUITE 300 NEWARK, NJ 07102	22-2014555	501(C)(3)	570,000	0			FINANCIAL SUPPORT
(3) FREDERICK L HIPP FOUNDATION 180 WEST STATE STREET TRENTON, NJ 08607	22-3277861	501(C)(3)	60,000	0			FINANCIAL SUPPORT
(4) GARDEN STATE FORWARD 180 WEST STATE STREET TRENTON, NJ 08607	46-2383979	N/A	9,000,000	0			FINANCIAL SUPPORT
(5) GARDEN STATE EQUALITY EDUCATION FUND INC 1408 MAIN STREET ASBURY PARK, NJ 07712	20-2588166	501(C)(3)	10,500	0			FINANCIAL SUPPORT
(6) LEAD INC 5 SOUTH MAIN ST ALLENTOWN, NJ 08501	47-2471572	501(C)(3)	7,500	0			FINANCIAL SUPPORT
(7) NAACP NEW JERSEY STATE CONFERENCE 4326 HARBOR BEACH BLVD 775 BRIGANTINE, NJ 08203	27-0809471	501(C)(4)	15,000	0			FINANCIAL SUPPORT
(8) NEW JERSEY WORKING FAMILIES ALLIANCE PO BOX 1068 TRENTON, NJ 08608	30-0427821	501(C)(4)	25,000	0			FINANCIAL SUPPORT
(9) NJ CENTER FOR TEACHING AND LEARNING 115 FRANKLIN TURNPIKE 203 MAHWAH, NJ 07430	77-0667571	501(C)(3)	750,000	0			FINANCIAL SUPPORT
(10) NJ COMMISSION ON HOLOCAUST EDUCATION 100 RIVERVIEW PLAZA TRENTON, NJ 08625		N/A	150,000	0			FINANCIAL SUPPORT
(11) NJ HALL OF FAME 111 WOOD AVE S STE 600 ISELIN, NJ 08830	22-3291935	501(C)(3)	50,000	0			FINANCIAL SUPPORT
(12) NJ POLICY PERSPECTIVE INC 137 W HANOVER STREET TRENTON, NJ 08618	22-3492715	501(C)(3)	215,000	0			FINANCIAL SUPPORT
(13) PUSH TO WALK 100 BAUER DRIVE OAKLAND, NJ 07436	20-8059368	501(C)(3)	10,000	0			FINANCIAL SUPPORT
(14) SUSAN G KOMEN BREAST CANCER FOUNDATION TWO PRINCESS RD STE D LAWRENCEVILLE, NJ 08648	43-2052349	501(C)(3)	15,000	0			FINANCIAL SUPPORT
(15) SUSTAINABLE JERSEY A NJ NONPROFIT	45-3848336	501(C)(3)	250,000	0			FINANCIAL SUPPORT

CORPORATION PO BOX 6855 LAWRENCEVILLE,NJ 08648							
(16) TEEN ARTS NEW JERSEY 154 MAIN ST STE 102 MATAWAN,NJ 07747	22-2014553	501(C)(3)	50,000	0			FINANCIAL SUPPORT
(17) THE COLLEGE OF NEW JERSEY FOUNDATION INC 2000 PENNINGTON ROAD EWING,NJ 08628	22-2448189	501(C)(3)	381,087	0			FINANCIAL SUPPORT
(18) THE NEA FOUNDATION 1201 16TH ST NW STE 416 WASHINGTON,DC 20036	23-7035089	501(C)(3)	10,000	0			FINANCIAL SUPPORT
(19) WILLIAM PATERSON UNIVERSITY OF NJ FOUNDATION INC 300 POMPTON RD WAYNE,NJ 07470	22-3160107	501(C)(3)	15,000	0			FINANCIAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 25

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 6

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) DISASTER RELIEF	25	25,000			
(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

Return to Form

Software ID:

Software Version:

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
NEW JERSEY EDUCATION ASSOCIATION

Employer identification number
21-0524390

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☑ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on 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	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	☑ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	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:			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	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:			
a	The organization?	**5a**		
b	Any related organization?	**5b**		
	If "Yes," on line 5a or 5b, describe in Part III.			
6	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:			
a	The organization?	**6a**		
b	Any related organization?	**6b**		
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	**8**		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported 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, 1099-MISC compensation, and/or 1099-NEC			(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				
1 SEAN M SPILLER PRESIDENT	(i)	370,096	0	0	20,829	48,740	439,665	0
	(ii)	0	0	0	0	0	0	0
2 STEVE BEATTY VICE PRESIDENT	(i)	277,827	0	0	33,074	28,067	338,968	0
	(ii)	0	0	0	0	0	0	0
3 PETAL T ROBERTSON SECRETARY-TREASURER	(i)	271,670	0	0	28,405	18,792	318,867	0
	(ii)	0	0	0	0	0	0	0
4 STEVE SWETSKY EXECUTIVE DIRECTOR	(i)	430,502	0	0	290,448	28,067	749,017	0
	(ii)	0	0	0	0	0	0	0
5 MARIE E BLISTAN IMMED PAST PRES - EXECUTIVE COMMITTE	(i)	173,329	0	0	0	0	173,329	0
	(ii)	0	0	0	0	0	0	0
6 KEVIN KELLEHER DIRECTOR, RESEARCH & ECONO	(i)	373,681	0	0	92,200	28,067	493,948	0
	(ii)	0	0	0	0	0	0	0
7 DENISE GRAFF POLICASTRO DEPUTY EXECUTIVE DIRECTOR	(i)	288,288	0	0	48,066	48,740	385,094	0
	(ii)	0	0	0	0	0	0	0
8 JOHN COTTONE DIRECTOR, IT & OPERATIONS	(i)	290,944	0	0	4,244	28,067	323,255	0
	(ii)	0	0	0	0	0	0	0
9 STEVEN BAKER DIRECTOR, COMMUNICATIONS	(i)	309,496	0	0	-52,133	28,067	285,430	0
	(ii)	0	0	0	0	0	0	0
10 THOMAS HARDY REGIONAL DIRECTOR, UNISERV	(i)	307,555	0	0	-41,221	28,067	294,401	0
	(ii)	0	0	0	0	0	0	0
11 KAREN KRYVEN COMPTROLLER	(i)	315,236	0	0	-55,616	18,792	278,412	0
	(ii)	0	0	0	0	0	0	0
12 MATTHEW DIRADO HR MANAGER	(i)	281,392	0	0	5,649	28,067	315,108	0
	(ii)	0	0	0	0	0	0	0
13 KRISTEN SHERMAN ACCOUNTING AND FINANCE MAN	(i)	245,909	0	0	1,903	48,740	296,552	0
	(ii)	0	0	0	0	0	0	0

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.
SCHEDULE J, PART II, COLUMN C:	THE AMOUNTS REPORTED ON SCHEDULE J, PART II, COLUMN C REPRESENT ACTUARIAL PROJECTIONS OF THE FUTURE LIFETIME VALUE OF PENSION BENEFITS, AND ARE RECALCULATED EVERY YEAR UNTIL RETIREMENT. THOSE NUMBERS CAN VARY DRAMATICALLY FROM YEAR TO YEAR BASED ON MANY FACTORS. THESE FACTORS INCLUDE: ADDITIONAL BENEFIT ACCRUALS EARNED DURING THE YEAR CHANGE IN ASSUMPTIONS (PRIMARILY DISCOUNT RATE) TIME-VALUE OF MONEY (I.E., DISCOUNTING ONE YEAR LESS TO COMMENCEMENT AS COMPARED TO LAST YEAR) CHANGE IN STATUS, IF APPLICABLE (E.G., FROM ACTIVE TO RETIREE) REGARDING THE SECOND BULLET ABOVE, THE APPLICABLE DISCOUNT RATE EACH YEAR IS DETERMINED BASED ON MARKET CONDITIONS AS OF AUGUST 31ST. FOR YEARS IN WHICH THERE IS A SIGNIFICANT DECREASE IN DISCOUNT RATE, THE CORRESPONDING LIABILITY UNDER THE PENSION PLAN WILL INCREASE. CONVERSELY, FOR YEARS IN WHICH THERE IS A SIGNIFICANT INCREASE IN DISCOUNT RATE, THE CORRESPONDING LIABILITY MAY DECREASE, DESPITE THE FACT THAT PARTICIPANTS HAVE EARNED AN ADDITIONAL YEAR OF BENEFIT ACCRUAL. REGARDING THE IMPACT OF A CHANGE IN STATUS, SPECIFICALLY FOR A PARTICIPANT THAT RETIRES FROM ACTIVE EMPLOYMENT DURING THE YEAR AT AN AGE EARLIER THAN EXPECTED, THIS WILL RESULT IN AN INCREASE IN LIABILITY. THE REASON FOR THIS IS BECAUSE THE PARTICIPANT IS NOW RECEIVING THEIR PENSION BENEFIT FOR A LONGER PERIOD OF TIME THAN PREVIOUSLY VALUED.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
NEW JERSEY EDUCATION ASSOCIATION

Employer identification number
21-0524390

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	STEVE BEATTY, VICE-PRESIDENT AND TAMARA Y. BEATTY, EXECUTIVE COMMITTEE MEMBER, HAVE A FAMILY RELATIONSHIP.
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.
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.
FORM 990, PART VI, SECTION A, LINE 7B	ACCORDING TO ARTICLE XIV OF NJEA'S CONTITUTION. AMENDMENTS TO NEW JERSEY EDUCATION ASSOCIATION'S CONSTITUTION MAY BE PROPOSED FOR CONSIDERATION BY A MAJORITY VOTE OF THE DELEGATE ASSEMBLY, OR MAY BE PROPOSED BY A PETITION SIGNED BY NOT LESS THAN 500 ACTIVE MEMBERS OF THE ASSOCIATION. AMENDMENTS SO PROPOSED SHALL BE PUBLISHED IN FULL IN THE OFFICIAL PUBLICATION OF THE ASSOCIATION AND SHALL THEN BE SUBMITTED BY BALLOT TO THE ACTIVE MEMBERS OF THE ASSOCIATION UNDER THE PROVISIONS GOVERNING THE ELECTION OF OFFICERS. VOTING ON AMENDMENTS MAY TAKE PLACE REGARDLESS OF WHETHER THE ELECTION OF OFFICERS IS ALSO TAKING PLACE. A TWO-THIRDS VOTE OF ALL BALLOTS CAST ON THE AMENDMENT SHALL BE NECESSARY FOR ITS ADOPTION. AMENDEMENT TO NJEA'S BY-LAWS MUST BE APPROVED BY A MAJORITY VOTE OF THE EXECUTIVE COMMITTEE OR A MAJORITY VOTE OF THE DELEGATE ASSEMBLY. AMENDMENTS SO PROPOSED SHALL BE SUBMITTED TO THE CONSTITUTION REVIEW COMMITTEE FOR REVEIW 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.
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.
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.
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.
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.
FORM 990, PART XI, LINE 9:	PENSION AND POST RETIREMENT - RELATED CHARGES OTHER THAN SERVICE COST 22,772,522.
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.

Additional Data

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Software ID:

Software Version:

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2022

Open to Public Inspection

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.

(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	(g) Section 512(b)(13) controlled entity? No
(1) NEW JERSEY EDUCATION ASSOCIATION HEALTH AND WELFARE BENEFITS TRUST 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 91-2003765	HEALTH AND WELFARE BENEFITS	NJ	501(C)(9)				No
(2) PAUL DIMITRIADIS RIGHTS FUND 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 22-2306050	LABOR ORGANIZATION	NJ	501(C)(5)				No
(3) NJEA BOLIVAR GRAHAM INTERN FUND 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 22-2165927	CHARITABLE ORGANIZATION	NJ	501(C)(3)	509(A)(3)			No
(4) NJEA EMPLOYEES' RETIREMENT TRUST FUND 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 21-0524390	PENSION FUND	NJ	401(A)/501(A)				No
(5) NJEA SUPPLEMENTAL SAVINGS PLAN 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 21-0524390	PENSION FUND	NJ	401(A)/501(A)				No
(6) NJEA POLITICAL ACTION COMMITTEE 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 22-2911965	POLITICAL ACTION COMMITTEE	NJ	SECTION 527				No
(7) FREDERICK L HIPP FOUNDATION 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 22-3277861	CHARITABLE ORGANIZATION	NJ	501(C)(3)	170(B)(1)(A)(VI)			No
(8) NJEA MEMBER BENEFIT FUND 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 13-4270499	WELFARE BENEFIT FUND	NJ	501(C)(9)				No
(9) GARDEN STATE FORWARD 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 46-2383979	POLITICAL ACTION COMMITTEE	NJ	SECTION 527				No
(10) NJEA AFFILIATES RISK GROUP 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 47-2729925	CHARITABLE ORGANIZATION	NJ	501(C)(3)	LINE 12A, I			No
(11) NJEA TEACHER LEADER ACADEMY INC 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 36-4929813	SCHOOL	NJ	501(C)(3)	LINE 2			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) Disproprtionate 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.

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete 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	583,808	CASH
(2) GARDEN STATE FORWARD	B	9,000,000	CASH
(3) NJEA AFFILIATES RISK GROUP	B	206,110	CASH
(4) NJEA HEALTH & WELFARE BENEFIT TRUST	R	14,989,168	CASH
(5) FREDERICK L HIPP FOUNDATION	B	60,000	CASH
(6) NJEA MEMBER BENEFIT FUND	C	24,000	CASH

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning 09-01-2023 , and ending 08-31-2024

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) 180 W STATE STREET PO BOX 1211

Room/suite

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 $ 216,040,761

F Name and address of principal officer:
SEAN M SPILLER
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.

H(c) Group exemption number

I Tax-exempt status: ☐ 501(c)(3) ☑ 501(c) (5) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.NJEA.ORG

K Form of organization: ☐ Corporation ☐ Trust ☑ Association ☐ Other

L Year of formation: 1853

M State of legal domicile: NJ

Part I Summary

Activities & Governance

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.

3	Number of voting members of the governing body (Part VI, line 1a)	3	41
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	38
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	585
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	157,694
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	6,153,323	5,593,726
9	Program service revenue (Part VIII, line 2g)	139,546,377	145,444,510
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,396,735	9,511,174
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	58,622	49,391
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	155,155,057	160,598,801

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	11,827,742	11,963,840
14	Benefits paid to or for members (Part IX, column (A), line 4)	183,247	37,724
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	66,354,013	65,575,967
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) 0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	60,703,560	64,496,831
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	139,068,562	142,074,362
19	Revenue less expenses. Subtract line 18 from line 12	16,086,495	18,524,439

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	250,419,848	270,562,783
21	Total liabilities (Part X, line 26)	29,343,814	33,311,888
22	Net assets or fund balances. Subtract line 21 from line 20	221,076,034	237,250,895

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
PETAL ROBERTSON SECRETARY-TREASURER
Type or print name and title

2025-07-11
Date

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date 2025-07-11	Check ☐ if self-employed	PTIN P00360279
Firm's name NOVAK FRANCELLA LLC				Firm's EIN 61-1436956
Firm's address 40 MONUMENT RD 5TH FLR BALA CYNWYD, PA 19004				Phone no. (610) 668-9400

May the IRS discuss this return with the preparer shown above? See Instructions. ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☐

1 Briefly describe the organization's mission:

THE MISSION OF THE NEW JERSEY EDUCATION ASSOCIATION IS TO ADVANCE AND PROTECT THE RIGHTS, BENEFITS, AND INTERESTS OF MEMBERS, AND PROMOTE A QUALITY SYSTEM OF PUBLIC EDUCATION FOR ALL STUDENTS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ including grants of $) (Revenue $)

TO ASSIST ALL MEMBERS IN THE ECONOMIC, PROFESSIONAL AND SOCIAL ADVANCEMENT OF THEIR CONDITION AND STATUS.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses**

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		No
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions.	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3	Yes	
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions.	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	432		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 585				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	Yes		
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**	Yes		
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**	Yes		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**		No	
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**		No	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		No	
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**		No	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . **10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . **10b**				
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders **11a**				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. **12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**				
c	Enter the amount of reserves on hand **13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		No	
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?	**15**		No	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**		No	
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . If "Yes," complete Form 6069.	**17**			

Part VI **Governance, Management, and Disclosure.** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	41		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	38		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	**5**			No
6	Did the organization have members or stockholders?	**6**		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**		Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**		Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**		Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	**12c**		Yes	
13	Did the organization have a written whistleblower policy?	**13**		Yes	
14	Did the organization have a written document retention and destruction policy?	**14**		Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a	The organization's CEO, Executive Director, or top management official	**15a**		Yes	
b	Other officers or key employees of the organization	**15b**		Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**			No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**			

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed _____

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
ACCOUNTING MANAGER 180 W STATE STREET PO BOX 1211 TRENTON,NJ086071211(609) 599-4561

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

☐ 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(1) ROBERT M LAMORTE EXECUTIVE COMMITTEE	2.00	x						3,758	0	0
(2) FRANCISCO C BARQUIN EXECUTIVE COMMITTEE	2.00	x						3,758	0	0
(3) BRENDA BRATHWAITE EXECUTIVE COMMITTEE	2.00	x						3,758	0	0
(4) ESTHER A FLETCHER EXECUTIVE COMMITTEE	2.00	x						3,954	0	0
(5) LAURIE T GIBSON-PARKER EXECUTIVE COMMITTEE	2.00	x						3,758	0	0
(6) TAMMI J LEE EXECUTIVE COMMITTEE	2.00	x						4,118	0	0
(7) COLLEEN C GILMARTIN EXECUTIVE COMMITTEE	2.00	x						3,758	0	0
(8) CHRISTINE SAMPSON-CLARK EXECUTIVE COMMITTEE	2.00	x						4,353	0	0
(9) MARIE K BATTIST-ROCK EXECUTIVE COMMITTEE	2.00	x						0	0	0
(10) RICHARD F D'AVANZO EXECUTIVE COMMITTEE	2.00	x						4,272	0	0
(11) MICHAEL E FRANK EXECUTIVE COMMITTEE	2.00	x						4,696	0	0
(12) TAMARA Y BEATTY EXECUTIVE COMMITTEE	2.00	x						4,248	0	0
(13) THERESA L FULLER EXECUTIVE COMMITTEE	2.00	x						3,758	0	0
(14) TEMIKA LANGSTON-MYERS EXECUTIVE COMMITTEE	2.00	x						3,758	0	0
(15) RONALD F GRECO EXECUTIVE COMMITTEE	2.00	x						3,758	0	0
(16) JENNFIER HERRICK EXECUTIVE COMMITTEE	2.00	x						3,758	0	0
(17) RYAN GRIFFIN EXECUTIVE COMMITTEE	2.00	x						3,758	0	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) CARLA MANCUSO EXECUTIVE COMMITTEE	2.00	x						4,353	0	0
(19) TARSHA LAWSON EXECUTIVE COMMITTEE	2.00	x						4,549	0	0
(20) MARCO A MARTINEZ EXECUTIVE COMMITTEE	2.00	x						4,658	0	0
(21) DAWN A NICHOL-MANNING EXECUTIVE COMMITTEE	2.00	x						5,408	0	0
(22) SUSAN MCBRIDE EXECUTIVE COMMITTEE	2.00	x						3,758	0	0
(23) PETER J MORAN EXECUTIVE COMMITTEE	2.00	x						3,758	0	0
(24) BARBARA B RHEAULT EXECUTIVE COMMITTEE	2.00	x						3,758	0	0
(25) SUSAN R VALA EXECUTIVE COMMITTEE	2.00	x						4,040	0	0
(26) LISA M SIMONE EXECUTIVE COMMITTEE	2.00	x						4,070	0	0
(27) MELISSA TOMLINSON EXECUTIVE COMMITTEE	2.00	x						4,235	0	0
(28) JOAN M WRIGHT EXECUTIVE COMMITTEE	2.00	x						4,353	0	0
(29) ASHANTI T RANKIN EXECUTIVE COMMITTEE	2.00	x						4,194	0	0
(30) STACY A YANKO EXECUTIVE COMMITTEE	2.00	x						3,758	0	0
(31) BIANCA M NICOLESCU EXECUTIVE COMMITTEE	2.00	x						0	0	0
(32) LOIS YUKNA EXECUTIVE COMMITTEE	2.00	x						4,991	0	0
(33) KERRI LEE FARRELL EXECUTIVE COMMITTEE	2.00	x						4,658	0	0
(34) AMY L SALINGER EXECUTIVE COMMITTEE	2.00	x						4,658	0	0
(35) STEVEN KOUMOULIS EXECUTIVE COMMITTEE	2.00	x						5,933	0	0
(36) LAURIE A O'BRIEN EXECUTIVE COMMITTEE	2.00	x						3,989	0	0
(37) MARK RICHARDS EXECUTIVE COMMITTEE	2.00	x						3,758	0	0
(38) MATTHEW R YURO EXECUTIVE COMMITTEE	2.00	x						0	0	0
(39) SEAN M SPILLER PRESIDENT	40.00			x				382,148	0	195,157
(40) STEVE BEATTY VICE PRESIDENT	40.00			x				288,443	0	151,655
(41) PETAL T ROBERTSON SECRETARY-TREASURER	40.00			x				283,175	0	71,736
(42) KEVIN KELLEHER EXECUTIVE DIRECTOR	40.00				x			434,198	0	437,789
(43) DENISE GRAFF POLICASTRO DEPUTY EXECUTIVE DIRECTOR	40.00				x			373,642	0	233,626
(44) MATTHEW DIRADO HR MANAGER	40.00				x			296,637	0	155,671
(45) KRISTEN SHERMAN ACCOUNTING AND FINANCE MAN	40.00				x			253,960	0	100,282
(46) JOHN COTTONE DIRECTOR, IT & OPERATIONS	40.00					x		302,302	0	154,940
(47) STEVEN BAKER DIRECTOR, COMMUNICATIONS	40.00					x		317,379	0	241,155
(48) THOMAS HARDY REGIONAL DIRECTOR, UNISERV	40.00					x		318,942	0	328,759
(49) KAREN KRYVEN COMPTROLLER	40.00					x		322,238	0	232,483
(50) PATRICK MANAHAN REGIONAL DIRECTOR, UNISERV	40.00					x		290,971	0	167,059
(51) MARIE BLISTAN PAST PRESIDENT	0.00						x	121,195	0	40,027
(52) STEVE SWETSKY FORMER EXECUTIVE DIRECTOR	0.00						x	747,383	0	40,807
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								4,878,713	0	2,551,146

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 154

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3	Yes	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NEW MEDIA FIRM 1730 RHODE ISLAND AVE NW STE 213 WASHINGTON, DC 20036	CONSULTANT	6,320,012
GERENT LLC 13800 COPPERMINE RD HERNDON, VA 20171	CONSULTANT	4,166,950
SELIKOFF & COHEN PA PMB 136 100 SPRINGDALE RD STE 3A CHERRY HILL, NJ 08003	LEGAL SERVICES	2,814,878
ZAZZALI FAGELLA NOWAK KLEINBAUM & FREI 570 BROAD STREET SUITE 1402 NEWARK, NJ 07102	LEGAL SERVICES	2,194,301
CARUSO SMITH EDELL PICINI PC 60 ROUTE 46 EAST FAIRFIELD, NJ 07004	LEGAL SERVICES	1,828,378

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 66

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and OtherAmt Similar Amounts				
1a Federated campaigns . . 1a				
b Membership dues . . 1b				
c Fundraising events . . 1c				
d Related organizations 1d				
e Government grants (contributions) 1e				
f All other contributions, gifts, grants, and similar amounts not included above 1f	5,593,726			
g Noncash contributions included in lines 1a - 1f:$ 1g				
h **Total.** Add lines 1a-1f	5,593,726			
Program Service Revenue	Business Code			
2a MEMBERSHIP DUES	900099	143,769,176	143,769,176		
b CONFERENCES	900099	1,014,247			1,014,247
c CONVENTION	900099	392,274			392,274
d PUBLICATION INCOME	513120	157,694		157,694	
e TEACHER LEADER ACADEMY FEE	900099	61,710	61,710		
f All other program service revenue.		49,409			49,409
g **Total.** Add lines 2a–2f.	145,444,510				
Other Revenue				
3 Investment income (including dividends, interest, and other similar amounts)		9,035,132			9,035,132
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
	(i) Real	(ii) Personal			
6a Gross rents 6a	34,984				
b Less: rental expenses 6b	0				
c Rental income or (loss) 6c	34,984				
d Net rental income or (loss)		34,984			34,984
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory 7a	55,125,051	792,951			
b Less: cost or other basis and sales expenses 7b	54,994,050	447,910			
c Gain or (loss) 7c	131,001	345,041			
d Net gain or (loss)		476,042			476,042
8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . 8a					
b Less: direct expenses 8b					
c Net income or (loss) from fundraising events . .					
9a Gross income from gaming activities. See Part IV, line 19 . . . 9a					
b Less: direct expenses 9b					
c Net income or (loss) from gaming activities . .					
10a Gross sales of inventory, less returns and allowances . . 10a					
b Less: cost of goods sold 10b					
c Net income or (loss) from sales of inventory . .					
OtherRevenueMiscAmt	Business Code				
11a OTHER INCOME	900099	14,407			14,407
b					
c					
d All other revenue					
e **Total.** Add lines 11a–11d		14,407			
12 **Total revenue.** See instructions		160,598,801	143,830,886	157,694	11,016,495

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	11,952,840			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	11,000			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members	37,724			
5 Compensation of current officers, directors, trustees, and key employees	3,693,886			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	35,298,742			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,365,366			
9 Other employee benefits	17,264,970			
10 Payroll taxes	2,953,003			
11 Fees for services (non-employees):				
a Management				
b Legal	11,846,767			
c Accounting	162,900			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	701,075			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,560,365			
12 Advertising and promotion	2,039,396			
13 Office expenses	3,841,555			
14 Information technology	4,274,425			
15 Royalties				
16 Occupancy	3,623,038			
17 Travel	3,409,090			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,596,756			
20 Interest				
21 Payments to affiliates	5,557,932			
22 Depreciation, depletion, and amortization	3,174,687			
23 Insurance	603,543			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ORGANIZING EXPENSES	8,858,862			
b PUBLIC/GOVERNMENT RELAT	6,671,787			
c TRAINING PROG. & SERV.	3,181,633			
d COMMITTEE EXPENSES	172,867			
e All other expenses	220,153			
25 **Total functional expenses.** Add lines 1 through 24e	142,074,362			
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		26,724,821	1	22,959,778
	2	Savings and temporary cash investments		541,751	2	29,055,031
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		391,911	4	1,780,752
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		130,936	8	36,442
	9	Prepaid expenses and deferred charges		1,057,158	9	1,195,970
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 52,795,993			
	b	Less: accumulated depreciation	10b 32,403,165	16,728,994	10c	20,392,828
	11	Investments—publicly traded securities		163,755,493	11	156,943,629
	12	Investments—other securities. See Part IV, line 11		13,820,702	12	13,162,281
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets		7,290,967	14	5,195,633
	15	Other assets. See Part IV, line 11		19,977,115	15	19,840,439
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		250,419,848	16	270,562,783
Liabilities	17	Accounts payable and accrued expenses		6,137,987	17	5,078,989
	18	Grants payable			18	
	19	Deferred revenue		1,527,891	19	1,207,634
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		21,677,936	25	27,025,265
	26	**Total liabilities.** Add lines 17 through 25		29,343,814	26	33,311,888
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☑ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		220,760,198	27	237,035,059
	28	Net assets with donor restrictions		315,836	28	215,836
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ **and complete lines 29 through 33.**				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		221,076,034	32	237,250,895
	33	Total liabilities and net assets/fund balances		250,419,848	33	270,562,783

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	160,598,801
2	Total expenses (must equal Part IX, column (A), line 25)	2	142,074,362
3	Revenue less expenses. Subtract line 2 from line 1	3	18,524,439
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . .	4	221,076,034
5	Net unrealized gains (losses) on investments	5	12,594,067
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-14,943,645
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10	237,250,895

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		No
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.	3b		

Additional Data

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Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

Schedule B (Form 990) Department of the Treasury Internal Revenue Service	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047 2023

Name of the organization	Employer identification number
NEW JERSEY EDUCATION ASSOCIATION	21-0524390

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
NEW JERSEY EDUCATION ASSOCIATION

Employer identification number
21-0524390

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

Contributors

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	$ RESTRICTED	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization
NEW JERSEY EDUCATION ASSOCIATION

Employer identification number
21-0524390

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

Name of organization
NEW JERSEY EDUCATION ASSOCIATION

Employer identification number
21-0524390

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.)** ▶ $ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	

Additional Data

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Software ID:

Software Version:

SCHEDULE C (Form 990)

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.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2022

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	Employer identification number
NEW JERSEY EDUCATION ASSOCIATION	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. See instructions for definition of "political campaign activities."

2 Political campaign activity expenditures. See instructions ▶ $

3 Volunteer hours for political campaign activities. See instructions

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		903,302
2				
3				
4				
5				
6				

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-.		
i Subtract line 1f from line 1c. If zero or less, enter -0-.		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period — Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	Yes	
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2	Yes	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		No

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures. See Instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation	

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **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.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2022

Open to Public Inspection

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
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	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
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

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 FASB 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 FASB 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 FASB 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
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

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
1a Beginning of year balance	4,046,252	3,775,757	3,886,920	3,439,033	3,138,495
b Contributions . . .	164,900	173,828	957,616	229,700	236,022
c Net investment earnings, gains, and losses	539,483	96,667	-1,068,779	218,186	63,969
d Grants or scholarships . . .					
e Other expenditures for facilities and programs . . .					
f Administrative expenses					
g End of year balance	4,750,635	4,046,252	3,775,757	3,886,920	3,439,033

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 Term 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
(i) Unrelated organizations	3a(i)	No
(ii) Related organizations	Yes	3a(ii)
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	Yes	3b

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,127,105		1,127,105
b Buildings		30,302,799	18,754,496	11,548,303
c Leasehold improvements				
d Equipment		15,301,690	8,636,225	6,665,465
e Other		6,064,399	5,012,444	1,051,955
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				20,392,828

Part VII Investments - Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3)Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

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)		
Total. *(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)ADVANCES TO EMPLOYEES	80,229
(2)DEPOSITS	795,180
(3)OTHER RECEIVABLES	506,162
(4)POSTRETIREMENT BENEFIT ASSET	18,458,868
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	19,840,439

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
ACCRUED VACATION & SICK PAY	7,695,322
DEFERRED COMPENSATION	988,534
ACCRUED POSTRETIREMENT BENEFITS	12,136,834
CURRENT MATURITY OF CAPITAL LEASE OBLIGATIONS	309,429
LEASE LIABILITY	5,222,298
LONG-TERM LIABILITIES	672,848
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	27,025,265

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.

1	Total revenue, gains, and other support per audited financial statements			1	172,491,793
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	12,594,067		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	12,594,067
3	Subtract line **2e** from line **1**			3	159,897,726
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	701,075		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	701,075
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	160,598,801

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	141,373,287
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	141,373,287
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	701,075		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	701,075
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	142,074,362

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART V, LINE 4:	THE FOUNDATION WAS ORGANIZED EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL PURPOSES, TO ADVANCE AND IMPROVE THE QUALITY OF EDUCATION AND THE TEACHING PROFESSION IN NEW JERSEY THROUGH THE STUDY, CREATION AND FUNDING OF INNOVATIVE PROGRAMS OR PROJECTS WHICH WILL FURTHER EDUCATIONAL AND INSTRUCTIONAL EXCELLENCE.
PART X, LINE 2:	ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY NJEA AND RECOGNIZE A TAX LIABILITY IF NJEA HAS TAKEN AN UNCERTAIN POSITION THAT, MORE LIKELY THAN NOT, WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE U.S. FEDERAL, STATE, OR LOCAL TAXING AUTHORITIES. NJEA IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. TYPICALLY, TAX YEARS WILL REMAIN OPEN FOR THREE YEARS; HOWEVER, THIS MAY DIFFER DEPENDING UPON THE CIRCUMSTANCES OF NJEA.

Additional Data

Return to Form

Software ID:

Software Version:

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

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.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2023

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 noncash assistance	(h) Purpose of grant or assistance
(1) EDUCATION LAW CENTER 60 PARK PLACE SUITE 300 NEWARK, NJ 07102	22-2014555	501(C)(3)	585,000	0			FINANCIAL SUPPORT
(2) FREDERICK L HIPP FOUNDATION 180 WEST STATE STREET TRENTON, NJ 08607	22-3277861	501(C)(3)	60,000	0			FINANCIAL SUPPORT
(3) GARDEN STATE FORWARD 180 WEST STATE STREET TRENTON, NJ 08607	46-2383979	N/A	8,534,061	0			FINANCIAL SUPPORT
(4) GARDEN STATE EQUALITY EDUCATION FUND INC 1408 MAIN STREET ASBURY PARK, NJ 07712	20-2588166	501(C)(3)	15,000	0			FINANCIAL SUPPORT
(5) INSPIRING LIFE TOGETHER 5 SUTTON COURT MARLTON, NJ 08053	85-0654160	501(C)(3)	10,000	0			FINANCIAL SUPPORT
(6) MUDGIRLS STUDIOS A NJ NON PROFIT CORP 203 HELENA DRIVE LINWOOD, NJ 08221	81-1205572	501(C)(3)	10,000	0			FINANCIAL SUPPORT
(7) NJ CENTER FOR TEACHING AND LEARNING 115 FRANKLIN TURNPIKE 203 MAHWAH, NJ 07430	77-0667571	501(C)(3)	750,000	0			FINANCIAL SUPPORT
(8) NJ COMMISSION ON HOLOCAUST EDUCATION 100 RIVERVIEW PLAZA TRENTON, NJ 08625		N/A	175,000	0			FINANCIAL SUPPORT
(9) NJEA MEMBER BENEFIT TRUST 180 WEST STATE STREET TRENTON, NJ 08607	13-4270499	501(C)(9)	100,000	0			FINANCIAL SUPPORT
(10) NJ HALL OF FAME 111 WOOD AVE S STE 600 ISELIN, NJ 08830	22-3291935	501(C)(3)	50,000	0			FINANCIAL SUPPORT
(11) NJ POLICY PERSPECTIVE INC 137 W HANOVER STREET TRENTON, NJ 08618	22-3492715	501(C)(3)	210,000	0			FINANCIAL SUPPORT
(12) SUSAN G KOMEN BREAST CANCER FOUNDATION TWO PRINCESS RD STE D LAWRENCEVILLE, NJ 08648	43-2052349	501(C)(3)	10,000	0			FINANCIAL SUPPORT
(13) SUSTAINABLE JERSEY A NJ NONPROFIT CORPORATION PO BOX 6855 LAWRENCEVILLE, NJ 08648	45-3848336	501(C)(3)	250,000	0			FINANCIAL SUPPORT
(14) TEEN ARTS NEW JERSEY 154 MAIN ST STE 102 MATAWAN, NJ 07747	22-2014553	501(C)(3)	50,000	0			FINANCIAL SUPPORT
(15) THE COLLEGE OF NEW JERSEY FOUNDATION INC 2000 PENNINGTON ROAD EWING, NJ 08628	22-2448189	501(C)(3)	389,130	0			FINANCIAL SUPPORT
(16) THE NEA FOUNDATION 1201 16TH ST NW STE 416 WASHINGTON, DC 20036	23-7035089	501(C)(3)	12,000	0			FINANCIAL SUPPORT
(17) WILLIAM PATERSON UNIVERSITY OF NJ FOUNDATION INC 300 POMPTON RD WAYNE, NJ 07470	22-3160107	501(C)(3)	50,000	0			FINANCIAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 19

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 4

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) DISASTER RELIEF	11	11,000			
(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

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Software ID:

Software Version:

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
NEW JERSEY EDUCATION ASSOCIATION

Employer identification number
21-0524390

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☑ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on 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	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	☑ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	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:			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	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:			
a	The organization?	**5a**		
b	Any related organization?	**5b**		
	If "Yes," on line 5a or 5b, describe in Part III.			
6	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:			
a	The organization?	**6a**		
b	Any related organization?	**6b**		
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	**8**		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported 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, 1099-MISC compensation, and/or 1099-NEC			(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				
1 KEVIN KELLEHER EXECUTIVE DIRECTOR	(i)	434,198	0	0	387,130	50,659	871,987	0
	(ii)	0	0	0	0	0	0	0
2 STEVE SWETSKY FORMER EXECUTIVE DIRECTOR	(i)	747,383	0	0	28,309	12,498	788,190	0
	(ii)	0	0	0	0	0	0	0
3 THOMAS HARDY REGIONAL DIRECTOR, UNISERV	(i)	318,942	0	0	309,270	19,489	647,701	0
	(ii)	0	0	0	0	0	0	0
4 DENISE GRAFF POLICASTRO DEPUTY EXECUTIVE DIRECTOR	(i)	373,642	0	0	186,393	47,233	607,268	0
	(ii)	0	0	0	0	0	0	0
5 SEAN M SPILLER PRESIDENT	(i)	382,148	0	0	144,498	50,659	577,305	0
	(ii)	0	0	0	0	0	0	0
6 STEVEN BAKER DIRECTOR, COMMUNICATIONS	(i)	317,379	0	0	190,496	50,659	558,534	0
	(ii)	0	0	0	0	0	0	0
7 KAREN KRYVEN COMPTROLLER	(i)	322,238	0	0	212,994	19,489	554,721	0
	(ii)	0	0	0	0	0	0	0
8 PATRICK MANAHAN REGIONAL DIRECTOR, UNISERV	(i)	290,971	0	0	116,400	50,659	458,030	0
	(ii)	0	0	0	0	0	0	0
9 JOHN COTTONE DIRECTOR, IT & OPERATIONS	(i)	302,302	0	0	104,281	50,659	457,242	0
	(ii)	0	0	0	0	0	0	0
10 MATTHEW DIRADO HR MANAGER	(i)	296,637	0	0	105,012	50,659	452,308	0
	(ii)	0	0	0	0	0	0	0
11 STEVE BEATTY VICE PRESIDENT	(i)	288,443	0	0	100,996	50,659	440,098	0
	(ii)	0	0	0	0	0	0	0
12 PETAL T ROBERTSON SECRETARY-TREASURER	(i)	283,175	0	0	52,247	19,489	354,911	0
	(ii)	0	0	0	0	0	0	0
13 KRISTEN SHERMAN ACCOUNTING AND FINANCE MAN	(i)	253,960	0	0	49,623	50,659	354,242	0
	(ii)	0	0	0	0	0	0	0
14 MARIE BLISTAN PAST PRESIDENT	(i)	121,195	0	0	40,027	0	161,222	0
	(ii)	0	0	0	0	0	0	0

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.
SCHEDULE J, PART II, COLUMN C:	THE AMOUNTS REPORTED ON SCHEDULE J, PART II, COLUMN C REPRESENT ACTUARIAL PROJECTIONS OF THE FUTURE LIFETIME VALUE OF PENSION BENEFITS, AND ARE RECALCULATED EVERY YEAR UNTIL RETIREMENT. THOSE NUMBERS CAN VARY DRAMATICALLY FROM YEAR TO YEAR BASED ON MANY FACTORS. THESE FACTORS INCLUDE: ADDITIONAL BENEFIT ACCRUALS EARNED DURING THE YEAR CHANGE IN ASSUMPTIONS (PRIMARILY DISCOUNT RATE) TIME-VALUE OF MONEY (I.E., DISCOUNTING ONE YEAR LESS TO COMMENCEMENT AS COMPARED TO LAST YEAR) CHANGE IN STATUS, IF APPLICABLE (E.G., FROM ACTIVE TO RETIREE) REGARDING THE SECOND BULLET ABOVE, THE APPLICABLE DISCOUNT RATE EACH YEAR IS DETERMINED BASED ON MARKET CONDITIONS AS OF AUGUST 31ST. FOR YEARS IN WHICH THERE IS A SIGNIFICANT DECREASE IN DISCOUNT RATE, THE CORRESPONDING LIABILITY UNDER THE PENSION PLAN WILL INCREASE. CONVERSELY, FOR YEARS IN WHICH THERE IS A SIGNIFICANT INCREASE IN DISCOUNT RATE, THE CORRESPONDING LIABILITY MAY DECREASE, DESPITE THE FACT THAT PARTICIPANTS HAVE EARNED AN ADDITIONAL YEAR OF BENEFIT ACCRUAL. REGARDING THE IMPACT OF A CHANGE IN STATUS, SPECIFICALLY FOR A PARTICIPANT THAT RETIRES FROM ACTIVE EMPLOYMENT DURING THE YEAR AT AN AGE EARLIER THAN EXPECTED, THIS WILL RESULT IN AN INCREASE IN LIABILITY. THE REASON FOR THIS IS BECAUSE THE PARTICIPANT IS NOW RECEIVING THEIR PENSION BENEFIT FOR A LONGER PERIOD OF TIME THAN PREVIOUSLY VALUED.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or 990-EZ.
Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
NEW JERSEY EDUCATION ASSOCIATION

Employer identification number
21-0524390

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	STEVE BEATTY, VICE-PRESIDENT AND TAMARA Y. BEATTY, EXECUTIVE COMMITTEE MEMBER, HAVE A FAMILY RELATIONSHIP.
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.
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.
FORM 990, PART VI, SECTION A, LINE 7B	ACCORDING TO ARTICLE XIV OF NJEA'S CONTITUTION. AMENDMENTS TO NEW JERSEY EDUCATION ASSOCIATION'S CONSTITUTION MAY BE PROPOSED FOR CONSIDERATION BY A MAJORITY VOTE OF THE DELEGATE ASSEMBLY, OR MAY BE PROPOSED BY A PETITION SIGNED BY NOT LESS THAN 500 ACTIVE MEMBERS OF THE ASSOCIATION. AMENDMENTS SO PROPOSED SHALL BE PUBLISHED IN FULL IN THE OFFICIAL PUBLICATION OF THE ASSOCIATION AND SHALL THEN BE SUBMITTED BY BALLOT TO THE ACTIVE MEMBERS OF THE ASSOCIATION UNDER THE PROVISIONS GOVERNING THE ELECTION OF OFFICERS. VOTING ON AMENDMENTS MAY TAKE PLACE REGARDLESS OF WHETHER THE ELECTION OF OFFICERS IS ALSO TAKING PLACE. A TWO-THIRDS VOTE OF ALL BALLOTS CAST ON THE AMENDMENT SHALL BE NECESSARY FOR ITS ADOPTION. AMENDEMENT TO NJEA'S BY-LAWS MUST BE APPROVED BY A MAJORITY VOTE OF THE EXECUTIVE COMMITTEE OR A MAJORITY VOTE OF THE DELEGATE ASSEMBLY. AMENDMENTS SO PROPOSED SHALL BE SUBMITTED TO THE CONSTITUTION REVIEW COMMITTEE FOR REVEIW 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.
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.
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.
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.
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.
FORM 990, PART XI, LINE 9:	PENSION AND POST RETIREMENT - RELATED CHARGES OTHER THAN SERVICE COST -14,943,645.
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.

Additional Data

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Software ID:

Software Version:

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

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.

(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	(g) Section 512(b)(13) controlled entity? No
(1) NEW JERSEY EDUCATION ASSOCIATION HEALTH AND WELFARE BENEFITS TRUST 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 91-2003765	HEALTH AND WELFARE BENEFITS	NJ	501(C)(9)				No
(2) PAUL DIMITRIADIS RIGHTS FUND 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 22-2306050	LABOR ORGANIZATION	NJ	501(C)(5)				No
(3) NJEA BOLIVAR GRAHAM INTERN FUND 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 22-2165927	CHARITABLE ORGANIZATION	NJ	501(C)(3)	509(A)(3)			No
(4) NJEA EMPLOYEES' RETIREMENT TRUST FUND 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 21-0524390	PENSION FUND	NJ	401(A)/501(A)				No
(5) NJEA SUPPLEMENTAL SAVINGS PLAN 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 21-0524390	PENSION FUND	NJ	401(A)/501(A)				No
(6) NJEA POLITICAL ACTION COMMITTEE 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 22-2911965	POLITICAL ACTION COMMITTEE	NJ	SECTION 527				No
(7) FREDERICK L HIPP FOUNDATION 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 22-3277861	CHARITABLE ORGANIZATION	NJ	501(C)(3)	170(B)(1)(A)(VI)			No
(8) NJEA MEMBER BENEFIT FUND 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 13-4270499	WELFARE BENEFIT FUND	NJ	501(C)(9)				No
(9) GARDEN STATE FORWARD 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 46-2383979	POLITICAL ACTION COMMITTEE	NJ	SECTION 527				No
(10) NJEA AFFILIATES RISK GROUP 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 47-2729925	CHARITABLE ORGANIZATION	NJ	501(C)(3)	LINE 12A, I			No
(11) NJEA TEACHER LEADER ACADEMY INC 180 W STATE STREET PO BOX 1211 TRENTON, NJ 08607 36-4929813	SCHOOL	NJ	501(C)(3)	LINE 2			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) Disproprtionate 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
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o	Sharing of paid employees with related organization(s)	1o		No
p	Reimbursement paid to related organization(s) for expenses	1p		No
q	Reimbursement paid by related organization(s) for expenses	1q	Yes	
r	Other transfer of cash or property to related organization(s)	1r	Yes	
s	Other transfer of cash or property from related organization(s)	1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete 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	632,632	CASH
(2) GARDEN STATE FORWARD	B	8,534,061	CASH
(3) NJEA AFFILIATES RISK GROUP	B	206,433	CASH
(4) NJEA HEALTH & WELFARE BENEFIT TRUST	R	14,988,508	CASH
(5) FREDERICK L HIPP FOUNDATION	B	50,000	CASH
(6) NJEA MEMBER BENEFIT FUND	B	100,000	CASH

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

Exhibit G

efile Public Visual Render | ObjectId: 202413199349317971 - Submission: 2024-11-14 | TIN: 88-1033231

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning 01-01-2023 , and ending 12-31-2023

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Protecting Our Democracy Inc

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
PO Box 15845

City or town, state or province, country, and ZIP or foreign postal code
Washington, DC 20003

D Employer identification number
88-1033231

E Telephone number
(202) 552-0221

G Gross receipts $ 3,000,000

F Name and address of principal officer:
Dennis Ruppe
PO Box 15845
Washington, DC 20003

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.

H(c) Group exemption number

I Tax-exempt status: ☐ 501(c)(3) ☑ 501(c) (4) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: www.protectingourdemocracy.org

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 2022

M State of legal domicile: NJ

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
Protecting Our Democracy is dedicated to building a diverse movement to preserve and strengthen our democracy. Together, we will fight back against attempts to undermine election results, preserve basic rights and freedoms, restore unity, hope, and faith in our country, strengthen institutions such as our courts and public schools, and Protect Our Democracy

2 Check this box ☐

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	3
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	3
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	**7b**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,000,000	3,000,000
9	Program service revenue (Part VIII, line 2g)		0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,000,000	3,000,000
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) 20,294		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,557,854	3,357,294
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,557,854	3,357,294
19	Revenue less expenses. Subtract line 18 from line 12	1,442,146	-357,294

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,442,146	1,084,852
21	Total liabilities (Part X, line 26)		0
22	Net assets or fund balances. Subtract line 21 from line 20	1,442,146	1,084,852

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 Dennis Ruppe President Type or print name and title	2024-11-14 Date

Paid Preparer Use Only					
	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN P01602996
	Firm's name MBA Consulting Group				Firm's EIN 47-1028527
	Firm's address 611 Pennsylvania Ave SE Num 143 Washington, DC 20003				Phone no. (202) 552-0221

May the IRS discuss this return with the preparer shown above? See Instructions. . . . . ☑ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2023)

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:

Protecting Our Democracy is dedicated to building a diverse movement to preserve and strengthen our democracy. Together, we will fight back against attempts to undermine election results, preserve basic rights and freedoms, restore unity, hope, and faith in our country, strengthen institutions such as our courts and public schools, and Protect Our Democracy

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 $ 3,152,211 including grants of $) (Revenue $)

Built support for pro-democracy policy agenda through research, advertising to the general public, and strategic communications with influencers.

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** 3,152,211

Part IV **Checklist of Required Schedules**

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	**1**		No
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions.	**2**	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	**3**	Yes	
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	**4**		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	**5**		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	**6**		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	**7**		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	**8**		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	**9**		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	**10**		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	**11a**		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	**11b**		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	**11c**		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	**11d**		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	**11e**		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	**11f**		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	**12a**		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	**12b**		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	**13**		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	**14a**		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	**14b**		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	**15**		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	**16**		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions.	**17**		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	**18**		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	**19**		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	**25b**		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	**1a**	5		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	**1b**	0		

c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 0				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**		No	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*	**3b**			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**		No	
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**		No	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		No	
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**	Yes		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**	Yes		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**				
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders **11a**				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. **12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**				
c	Enter the amount of reserves on hand **13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		No	

b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	**15**		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**		No
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	**17**		

Part VI **Governance, Management, and Disclosure.** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	**1a**	3		
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	**5**			No
6	Did the organization have members or stockholders?	**6**			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**			No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	**12c**		
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**		No
b	Other officers or key employees of the organization	**15b**		No
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			

in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? **16b**

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed NJ

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: MBA Consulting Group 611 Pennsylvania Ave SE 143 Washington, DC 20003 (202) 552-0221

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

☑ 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(1) Dennis Ruppe President	2.00 0.00	X		X				0	0	0
(2) ANGELINA CARIONE Secretary	2.00 0.00	X		X				0	0	0
(3) KATHRYN WELLER-DEMMING Treasurer	2.00 0.00	X		X				0	0	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	**(B)** Average hours per week (list any hours for related organizations below 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/1099-NEC)	**(E)** Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	**(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			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A . .										
d 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 0

			Yes	**No**
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation

from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Flashpoint Strategies 10 Brookside Ave 2B Caldwell, NJ 07006	Advertising	2,510,452
Bully Pulpit Interactive LLC 1445 New Jersey Ave NW 5th Floor Washington, DC 20005	Advertising	181,308
Amplify Inc 59 Lincoln Park Newark, NJ 07102	Advertising	464,073

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 3

Part VIII **Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and Other Similar Amounts	**1a** Federated campaigns . .				
	b Membership dues . . **1b**				
	c Fundraising events . . **1c**				
	d Related organizations **1d**				
	e Government grants (contributions) **1e**				
	f All other contributions, gifts, grants, and similar amounts not included above 3,000,000 **1f**				
	g Noncash contributions included in lines 1a - 1f:$ **1g**				
	h Total. Add lines 1a-1f 3,000,000				
Program Service Revenue		Business Code			
	2a				
	b				
	c				
	d				
	e				
	f All other program service revenue.				
	g Total. Add lines 2a–2f. 0				
	3 Investment income (including dividends, interest, and other similar amounts)		0		
	4 Income from investment of tax-exempt bond proceeds		0		
	5 Royalties		0		

			(i) Real	(ii) Personal			
6a Gross rents	6a						
b Less: rental expenses	6b						
c Rental income or (loss)	6c						
d Net rental income or (loss)					0		
			(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory	7a						
b Less: cost or other basis and sales expenses	7b						
c Gain or (loss)	7c						
d Net gain or (loss)					0		
8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses . . .	8b						
c Net income or (loss) from fundraising events . .					0		
9a Gross income from gaming activities. See Part IV, line 19 . . .	9a						
b Less: direct expenses . . .	9b						
c Net income or (loss) from gaming activities . .					0		
10a Gross sales of inventory, less returns and allowances . .	10a						
b Less: cost of goods sold . .	10b						
c Net income or (loss) from sales of inventory . .					0		
			Business Code				
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a–11d					0		
12 Total revenue. See instructions					3,000,000		

Other Revenue

OtherRevenueMiscAmt

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Part IX **Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☑

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	**(A)** Total expenses	**(B)** Program service expenses	**(C)** Management and general expenses	**(D)** Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			

5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):				
a	Management	99,900		99,900	
b	Legal	16,759		16,759	
c	Accounting	34,270		34,270	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	722,505	689,505	33,000	
12	Advertising and promotion	2,459,947	2,459,947		
13	Office expenses	385		385	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	2,309	2,309		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	20,744	450		20,294
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	0			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	Misc	475		475	
b					
c					
d					
e	All other expenses	0			
25	**Total functional expenses.** Add lines 1 through 24e	3,357,294	3,152,211	184,789	20,294
26	**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X **Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part IX ☐

		(A) Beginning of year		(B) End of year
1	Cash–non-interest-bearing	1,442,146	1	1,084,852
2	Savings and temporary cash investments		2	0
3	Pledges and grants receivable, net		3	0
4	Accounts receivable, net		4	0
5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		5	0

	controlled entity or family member of any of these persons				
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	0
7	Notes and loans receivable, net			7	0
8	Inventories for sale or use			8	0
9	Prepaid expenses and deferred charges			9	0
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			
b	Less: accumulated depreciation	10b		10c	0
11	Investments—publicly traded securities			11	0
12	Investments—other securities. See Part IV, line 11			12	0
13	Investments—program-related. See Part IV, line 11			13	0
14	Intangible assets			14	0
15	Other assets. See Part IV, line 11			15	0
16	**Total assets.** Add lines 1 through 15 (must equal line 33)		1,442,146	16	1,084,852
17	Accounts payable and accrued expenses			17	
18	Grants payable			18	
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
23	Secured mortgages and notes payable to unrelated third parties			23	
24	Unsecured notes and loans payable to unrelated third parties			24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D			25	
26	**Total liabilities.** Add lines 17 through 25		0	26	0
	Organizations that follow FASB ASC 958, check here ☑ **and complete lines 27, 28, 32, and 33.**				
27	Net assets without donor restrictions		1,442,146	27	1,084,852
28	Net assets with donor restrictions			28	
	Organizations that do not follow FASB ASC 958, check here ▶ ☐ **and complete lines 29 through 33.**				
29	Capital stock or trust principal, or current funds			29	
30	Paid-in or capital surplus, or land, building or equipment fund			30	
31	Retained earnings, endowment, accumulated income, or other funds			31	
32	Total net assets or fund balances		1,442,146	32	1,084,852
33	Total liabilities and net assets/fund balances		1,442,146	33	1,084,852

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Part XI **Reconcilliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,000,000
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,357,294
3	Revenue less expenses. Subtract line 2 from line 1	3	-357,294
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,442,146
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,084,852

Part XII **Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII ☐

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☑ Cash ☐ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	**2a**		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	**2b**		No
	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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	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?	**2c**		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	**3a**		No
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.	**3b**		

Additional Data

Return to Form

Software ID: 23017518
Software Version: 2023v5.1

Form 990, Special Condition Description:

Special Condition Description

Schedule B

(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization
Protecting Our Democracy Inc

Employer identification number
88-1033231

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

Contributors

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		$ RESTRICTED	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization
Protecting Our Democracy Inc

Employer identification number
88-1033231

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

Name of organization
Protecting Our Democracy Inc

Employer identification number
88-1033231

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.)** ▶ $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift Transferee's name, address, and ZIP 4		Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift Transferee's name, address, and ZIP 4		Relationship of transferor to transferee

Additional Data

Return to Form

Software ID: 23017518
Software Version: 2023v5.1

SCHEDULE C (Form 990)

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.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2022

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	Employer identification number
Protecting Our Democracy Inc	88-1033231

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. See instructions for definition of "political campaign activities."	
2	Political campaign activity expenditures. See instructions ▶	$ 2,308
3	Volunteer hours for political campaign activities. See instructions	

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 ▶	$ 2,308
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 ▶	$ 2,308
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				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h))

section 501(h)).

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-.		
i Subtract line 1f from line 1c. If zero or less, enter -0-.		

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2019	**(b)** 2020	**(c)** 2021	**(d)** 2022	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B **Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	**(a)** Yes	**(a)** No	**(b)** Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			

f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures. See Instructions	5	

Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, 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 - Direct and Indirect Political Campaign Activities	Travel costs

Additional Data

Return to Form

Software ID: 23017518
Software Version: 2023v5.1

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or 990-EZ.
Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
Protecting Our Democracy Inc

Employer identification number
88-1033231

Return Reference	Explanation
Form 990, Part VI, Section B, Line 11b	A copy of Form 990 is provided to the governing body and legal counsel for review and approval prior to filing.
Form 990, Part VI, Section B, Line 12c	The organization requires members of the governing body to affirm no conflicts of interest on an annual basis.
Form 990, Part VI, Section C, Line 19	No documents available to the public.
Form 990, Part VII, Line 1a - Officers and Directors	Angelina Carione, Secretary, passed away in August 2024.

Additional Data

Return to Form

Software ID: 23017518
Software Version: 2023v5.1

Exhibit H



Montclair Mayor Sean Spiller speaks at a March to Roevember in his hometown. (Photo: Sean Spiller).

Spiller, NJEA form new ‘Protecting Our Democracy’ organization

Issue advocacy group is sign of Spiller’s potential future ambitions

By Joey Fox, October 19 2022 10:00 am

Montclair Mayor Sean Spiller and the New Jersey Education Association today launched Protecting Our Democracy, an 501 (c)(4) issue advocacy organization that Spiller says will fight to "restore confidence in government and unity in our country." The organization's founding donor is the NJEA, of which Spiller is the president.

"We are facing an increasingly virulent effort from a violent extreme minority to strip away fundamental rights and undermine the institutions that protect equal opportunity for all – the courts, the presidency, Congress and our public schools," Spiller said in a statement. "We may not agree on everything, but we must unite to stand strong against these attacks on the American promise and our very capacity to work together to tackle our biggest challenges."

The new issue group also has the support of another prominent Montclair resident, Marcia Marley, the president of BlueWaveNJ and a Democratic National Committeewoman from New Jersey. Marley stressed that there is an urgent need to protect democracy.

"We can't assume that our right to vote will remain intact, that we will continue to enjoy free and fair elections where the winner is the individual who received the most votes, or that we will be afforded the right to personal freedoms," Marley said. "While New Jersey is fortunate to have a governor and state legislators that have taken steps to expand and protect our freedoms and rights, there is still more that needs to be done at every level of government."

Protecting Our Democracy's opening ad highlights the January 6 insurrection, abortion, and voting rights as three areas of particular emphasis. With the new group at his side, Spiller will have the ability to promote his views on those issues and more on a statewide level.

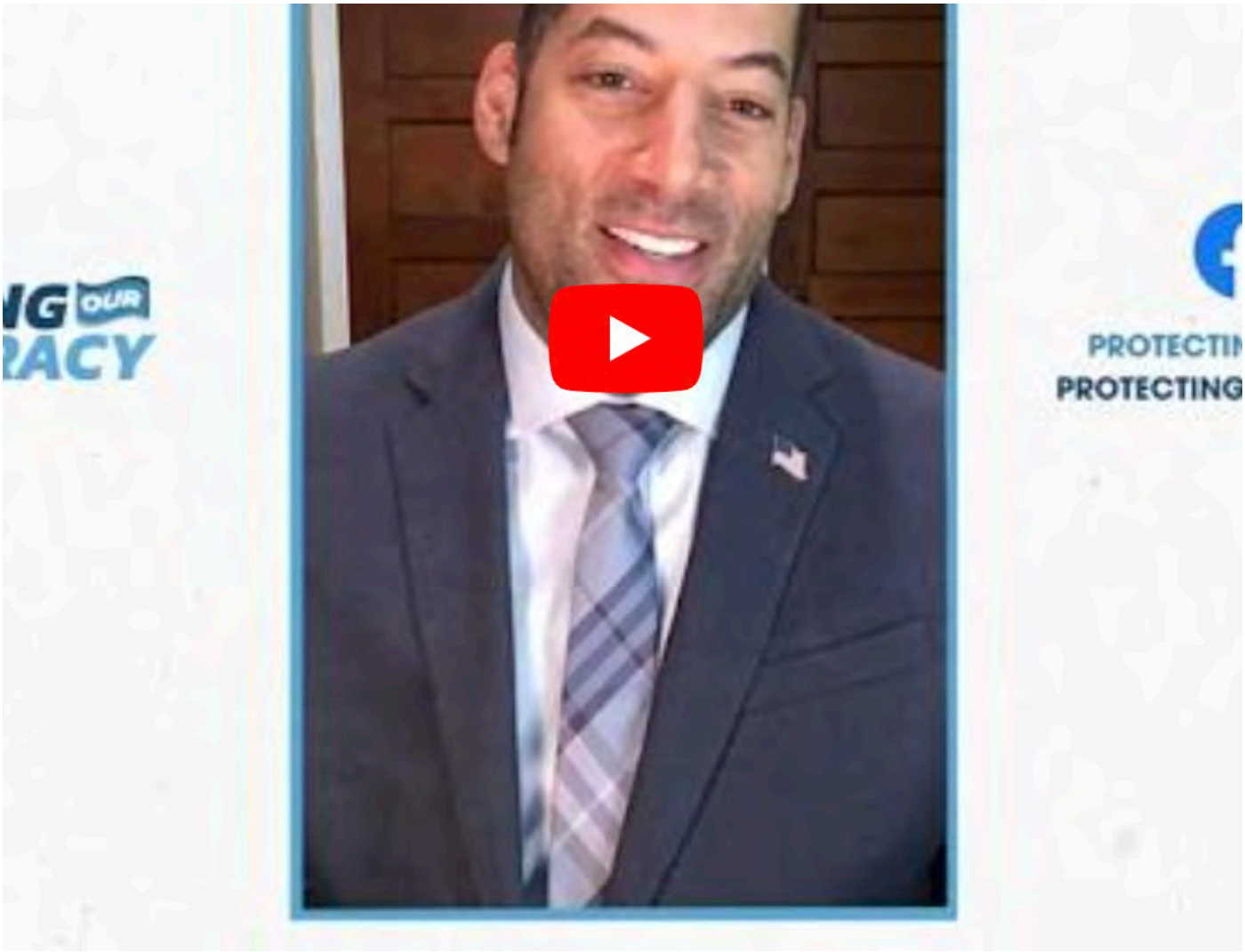
That could be important if Spiller chooses to pursue higher office down the line, which is widely expected. Two previous top gubernatorial candidates, Democrat Phil Murphy in 2017 and Republican Doug Steinhardt in 2021, created similar organizations in the lead-ups to their elections, and Protecting Our Democracy may have been formed with the 2025 gubernatorial race in mind, although he didn't say it was.

"We will not despair just because a small minority of extremists seeks to destroy our belief in the strength of our nation, our ability to see the good in political discourse and the exchange of ideas, and our unfettered resolve to safeguard core democratic values," Spiller said.

Spread the news:

RELATED ARTICLES

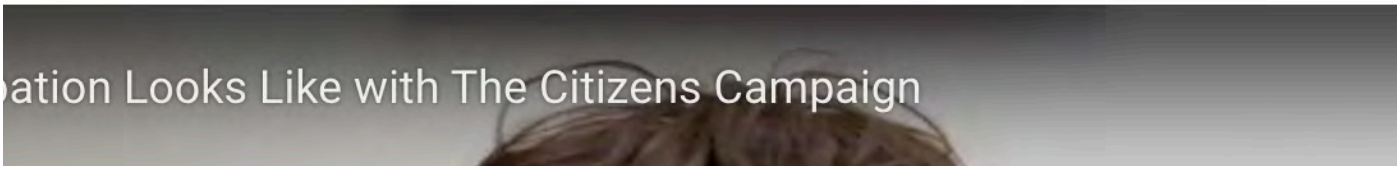
Exhibit I



2/27/24

POD Talks with Rev. Derrick Green

Read More





2/21/24

What Civic Participation Looks Like with The Citizens Campaign

Michelle Curry and Carole Dortch-Wright of The Citizens Campaign join Protecting Our Democracy Chair Sean M. Spiller to discuss a new initiative, The Citizen Service, and ways to enhance civic engagement in our democracy.



2/19/24

Democracy and Labor

Protecting Our Democracy Chair Sean M. Spiller is joined by Petal Robertson of NJEA, Fran Ehret of CWA NJ and Becky Givan of the Rutgers University AAUP-AFT to discuss the role of organized labor in building a stronger, more equitable democracy.



1/11/24

Former College Classmates Share Their Journeys in Activism

Former college classmates Staci Berger, Christian Estevez and Trevor Phillips, Jr. join Protecting our Democracy Chair Sean M. Spiller to discuss their journey from college to careers in activism.

Exhibit J

FORM G-1	REPORT OF CONTRIBUTIONS AND EXPENDITURES	REPORT FILED:
NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION P.O. BOX 185, Trenton, NJ 08625-0185 (609) 292-8700 Web site: http://www.elec.nj.gov		(2024-Q3) QUARTER 3 (OCT 15TH) Filed On 10/15/2024 04:28:25 PM ☐ Amendment

CANDIDATE OR COMMITTEE NAME		
SPILLER FOR GOVERNOR		
STREET ADDRESS		
600 HARBOR BLVD		
CITY	STATE	ZIP CODE
WEEHAWKEN	NJ	07086
COUNTY	ELECTION DISTRICT OR MUNICIPALITY	
	STATEWIDE	
POLITICAL PARTY, IF ANY	OFFICE SOUGHT	
DEMOCRAT	GOVERNOR	
ELECTION DATE	ELECTION TYPE	
06/03/2025	PRIMARY	

RECEIPTS AND EXPENDITURES SUMMARY

OPENING BALANCE		$37,076.52
RECEIPTS	(+)	$98,701.05
EXPENDITURES	(-)	$8,360.72
CLOSING BALANCE		$127,416.85

NET FINANCIAL SUMMARY

CLOSING BALANCE		$127,416.85
Debt Owed to Committee	(+)	$0.00
Debt Owed by Committee	(-)	$0.00
Total Net Worth		$127,416.85

☐ Currency Contribution

Contributor Name			Contributor Address
PROTECTING OUR DEMOCRACY INC.			611 PENNSYLVANIA AVE SE UNIT 143, WASHINGTON DC 20003-4303
Date Received	**Amount**	**Aggregate Amount**	
09/30/2024	$5,800.00	$5,800.00	