

## 2015 Tax Return(s)

**Prepared for** EASTER SEALS NEW JERSEY, INC  
CLIENT CODE: 0102725-0102725.0990

**Account Number** 147227  
**Release Number** 2015.05070

**Prepared by** COHNREZNICK LLP  
4 BECKER FARM ROAD  
ROSELAND, NJ  
07068  
  
973-228-3500

**Processing** Date: 05/12/2017  
Time: 09:15:12

**Special  
Instructions**

**Messages**

## Return Information

### CAUTION

- New Jersey. Forms CRI-200, CRI-300 and CRI-400. From now until 12/31/16 initial and renewal charity registrations, and various other reporting, may be filed online or by mail (in hard copy as before). Beginning 1/1/17, online filing of ALL charity registrations and charity related reporting will be mandatory. The Charity Online Registration portal can be accessed at <https://njconsumeraffairs.state.nj.us/sign-in/?returnurl=%2f.20256>

### INFORMATIONAL

- Form 8868 Extension Information. The extended due date July 17, 2017 has been printed at the top of Form 990. This may be suppressed by making an entry on the Return Options worksheet, Miscellaneous Print Options section, Suppress "Extended to" messages at top of form field. Note that the second extended due date is based on the assumption that the first extension was timely filed. Note that this date may be different from the corresponding date that prints on Form 8868, Part II, line 4. Per IRS instructions the date that prints on Form 8868 will always be the original date (i.e., 15th of the month) without any allowance for weekends or holidays. (39604)
- Form 990. Page 3, Part IV, Line 11a. The question on line 11a has calculated an answer of "Yes" based on the corresponding data on line 10 of the balance sheet. If this is not correct make an entry of "N" on the corresponding field on the Form 990 worksheet, Checklist of Required Schedules. (35932)
- Form 990. Page 3, Part IV, Line 11f. The question on line 11f has calculated an answer of "Yes" based on the presence of the FIN 48 statement on Schedule D, Part XIII. If this is not correct make an entry of "N" on the corresponding field on the Form 990 worksheet, Checklist of Required Schedules. (35937)
- Form 990, Page 11, Line 11b. If the organization is reporting publicly traded stock for which the organization holds 5% or more of the outstanding shares of the same class or publicly traded stock in a corporation that comprises more than 5% of the organization's total assets it should be reported on line 12 of the balance sheet as "Other Securities." (32999)
- Form 990. Schedule D, Page 3, Part IX. The amount of Other Assets on Form 990, Page 11, Part X, line 15 does not equal or exceed 5 percent of the total assets on Form 990, Page 11, Part X, line 16, column b. Consequently in accordance with IRS instructions Schedule D, Part IX has been left blank. (36035)
- Electronic Filing. The ERO signature has been printed on Form 8879-EO for Form 990. If this is not desired it may be suppressed by making the appropriate entry on the Electronic Filing worksheet, Electronic Return Originator - Overrides section. (37915)

## Return Information

- Electronic Filing. Form 8868, Part II has been prepared for Form 990 for electronic filing. The filing due date (04/18/17) for Form 8868, Part II has passed. The extension diagnostics have been suppressed and the extension menu is no longer available. If applicable the extension menu can be turned back on by using the Unlock feature on the Extensions worksheet, Form 8868 General Information section. Note that the IRS will not accept an extension that is filed after the due date (including the 5-day perfection period, if applicable). (33521)
- Electronic Filing. The following EFIN 227845 is being used to electronically file Form 990. Be sure that this EFIN is listed in the IRS database and is in accepted status for processing of Exempt Organization returns. The IRS Ogden help desk (866 255-0654) may be contacted to update this EFIN for electronic filing of Exempt Organization returns if necessary. (37015)
- Electronic Filing. The following Name Control EAST has been computed and is being used to electronically file Form 990 for Easter Seals New Jersey, Inc. This Name Control is used to match the organization's Name and EIN with the IRS e-File database. If this information does not match the IRS database the return will be rejected and must be corrected before being resubmitted. The IRS help desk (800 829-4933) may be contacted to verify the information in the e-File database. If the Name Control cannot be computed correctly because the organization's name shown on Form 990 does not match the IRS database it can be overridden on the Electronic Filing worksheet, General Information section, Organization name control - override field. (37026)
- Electronic filing. Clients email notification has been selected for Form 990 and will be sent to the organization's email address (Ahart@nj.Easterseals.Com) as entered on the General worksheet, Organization Name, Mailing Address and Other Information section. (37631)
- Electronic filing. Clients email notification has been selected for Form 8868 and will be sent to the organization's email address (Ahart@nj.Easterseals.Com) as entered on the General worksheet, Organization Name, Mailing Address and Other Information section. (37637)
- Electronic Filing. Form 990 has qualified for electronic filing. If a printed copy of the return is generated and electronic processing of the return is completed, do not mail the printed copy of the return to the IRS. Form 8879-EO must be retained by the electronic return originator for three years. (39494)

## Return Information

- Form 8868 Extension Information. Form 990 is allowed a maximum of two 3-month extensions. The first extension for Form 990 is automatic and must be requested by filing Form 8868, Part I on or before January 17, 2017. If an additional 3-month extension is needed it must be requested by filing Form 8868, Part II on or before April 18, 2017. (34477)
- Electronic Filing. Schedule B, Schedule of Contributors. One or more of the contributor names on the Schedule B, Schedule of Contributors worksheet, General Contributor Information section contains an ampersand. Note that the electronic filing schema does not allow that symbol to be included in the name of a contributor unless it is a business name. If the contributor is an individual the ampersand should be replaced with the word 'and.' Otherwise it will be omitted from the electronic file. If the contributor is a business or another organization, etc., an entry of "1" should be made on the Schedule B, Schedule of Contributors worksheet, General Contributor Information section, Code field for each applicable contributor. (37250)
- New Jersey. Form CRI-300R. New Jersey requires the attachment of additional documentation for specific line items of the Form CRI-300R. Review the return to insure that the relevant information has been included. (35100)

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Worksheet:

Section:

.....	127,076,312
Officer comp - program service.....	829,875
.....	cpa

Worksheet: Form 990 Return of Organization Exempt from Income Tax

Section: Prior Year Expenses

Total expenses - O/R.....	126,643,101
Revenue less expenses - O/R.....	433,211

Section: Statement of Functional Expenses

Officer comp - mgmt & general.....	53,685
Officer comp - fundraising.....	6,478
Depreciation - prog services.....	614,936
Depreciation - mgmt & general.....	8,730
Depreciation - fundraising.....	395

DRAFT

SRIGURU.GANESAN.CRPS@COHNREZNICK.COM - 02/16/16 08:49 AM WORKS

9,660,434.00
4,479,036.00
<u>14,139,470.00</u>

SIDHARTHAN.SAMPATHU.CRPS@COHNREZNICK.COM - 04/19/17 07:06 AM W

9,765,011.00	0.00
4,714,328.00	0.00
<u>14,479,339.00</u>	<u>0.00</u>

MHAREZA - 03/19/10 04:19PM WORKSHEET FORM 990

701,624.00	0.00
-177,584.00	0.00
<u>524,040.00</u>	<u>0.00</u>

SIMA.SHPITALNIK@COHNREZNICK.COM - 02/25/16 13:39 PM WORKSHEET

195,159.00	267,838.00
-31,138.00	16,124.00
<u>164,021.00</u>	<u>283,962.00</u>

SIMA.WOLFSON@COHNREZNICK.COM - 05/12/17 09:45 AM WORKSHEET FOR

318,606.00	0.00
-37,827.00	0.00
<u>280,779.00</u>	<u>0.00</u>

SIMA.WOLFSON@COHNREZNICK.COM - 05/12/17 09:45 AM WORKSHEET FOR

15,708.00	0.00
37,827.00	0.00
<u>53,535.00</u>	<u>0.00</u>

SIMA.WOLFSON@COHNREZNICK.COM - 05/12/17 09:49 AM WORKSHEET FOR

27,870.00	0.00
71,539.00	0.00
<u>99,409.00</u>	<u>0.00</u>

List

696,328.00	0.00
<u>696,328.00</u>	<u>0.00</u>

<u>0.00</u>	<u>0.00</u>
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<u>0.00</u>	<u>0.00</u>
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<u>0.00</u>	<u>4,346,234.00</u>
<u>0.00</u>	<u>4,346,234.00</u>

<u>0.00</u>	<u>3,312,436.00</u>
<u>0.00</u>	<u>-186,004.00</u>
<u>0.00</u>	<u>3,126,432.00</u>

<u>0.00</u>	<u>0.00</u>
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<u>0.00</u>	<u>0.00</u>
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<u>0.00</u>	<u>0.00</u>
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<u>0.00</u>	<u>2,989.00</u>
<u>0.00</u>	<u>32,467.00</u>
<u>0.00</u>	<u>7,942.00</u>



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0.00	4,835.00
0.00	-967.00
0.00	2,989.00
0.00	32,467.00
0.00	7,942.00
0.00	4,835.00
0.00	-967.00
<u>0.00</u>	<u>94,532.00</u>
<u>0.00</u>	<u>94,532.00</u>

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List

## 2015 Return Summary

EASTER SEALS NEW JERSEY, INC

22-1508591

FORM 990:

TOTAL REVENUE	139,705,741.
TOTAL EXPENSES	140,214,455.
EXCESS <DEFICIT>	-508,714.
BEGINNING NET ASSETS	8,625,619.
CHANGES IN NET ASSETS	110,892.
ENDING NET ASSETS (1)	8,227,797.

BALANCE SHEET ANALYSIS

ENDING TOTAL ASSETS	26,914,597.
ENDING TOTAL LIABILITIES	18,686,800.
ENDING TOTAL NET ASSETS OR FUND BALANCES (2)	8,227,797.
ENDING TOTAL ASSETS MINUS LIABILITIES AND NET ASSETS	0.
ENDING NET ASSETS DIFFERENCE BETWEEN ITEMS (1) AND (2)	0.

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NEW JERSEY FORM CRI-300R:

TOTAL REVENUE	139,705,741.
TOTAL EXPENSES	140,214,455.
DEFICIT	508,714.
ANNUAL REPORT FILING FEES	250.
BEGINNING NET ASSETS	8,625,619.
CHANGES IN NET ASSETS	110,892.
ENDING NET ASSETS	8,227,797.

## 2015 Return Summary

EASTER SEALS NEW JERSEY, INC

22-1508591

	FEDERAL	990 EXTN
FORM NAME	990	2ND 8868
E-FILE REQUESTED	YES	NO
DUE DATE	01/17/17	04/15/17
EXTENDED DUE DATE	07/17/17	07/17/17
DIRECT DEPOSIT	N/A	N/A
ELECTRONIC WITHDRAWAL	N/A	N/A
DATE CALCULATED	05/12/17	05/12/17
TIME CALCULATED	09:14:34	09:14:34
RELEASE VERSION	2015.05070	2015.05070

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\*\* NOT AVAILABLE FOR E-FILE

STATE EXTENSION INFORMATION IS NOT INCLUDED

## 2015 Return Summary

EASTER SEALS NEW JERSEY, INC

22-1508591

NEW JERSEY

FORM NAME

FORM CRI-300R

E-FILE REQUESTED

NO \*\*

DUE DATE

02/28/17

EXTENDED DUE DATE

DIRECT DEPOSIT

N/A

ELECTRONIC WITHDRAWAL

N/A

DATE CALCULATED

05/12/17

TIME CALCULATED

09:14:34

RELEASE VERSION

2015.05070

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\*\* NOT AVAILABLE FOR E-FILE

STATE EXTENSION INFORMATION IS NOT INCLUDED

EASTER SEALS NEW JERSEY, INC  
25 KENNEDY BLVD NO. 600  
EAST BRUNSWICK, NJ 08816

WE HAVE PREPARED THE FOLLOWING TAX RETURNS PRIMARILY FROM THE INFORMATION YOU FURNISHED. SINCE YOU HAVE THE FINAL RESPONSIBILITY FOR THE TAX RETURNS, YOU SHOULD REVIEW THEM CAREFULLY BEFORE YOU SIGN AND FILE THEM OR AUTHORIZE THEM TO BE ELECTRONICALLY FILED.

2015 FORM 990

2015 NEW JERSEY FORM CRI-300R

INSTRUCTIONS FOR FILING THE ABOVE FORMS ARE FURNISHED FOR EASY REFERENCE. YOUR COPIES SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

THOMAS LANNING

DRAFT

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING  
AUGUST 31, 2016

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**PREPARED FOR:**

EASTER SEALS NEW JERSEY, INC  
25 KENNEDY BLVD NO. 600  
EAST BRUNSWICK, NJ 08816

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**PREPARED BY:**

COHNREZNICK LLP  
4 BECKER FARM ROAD  
ROSELAND, NJ 07068

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**AMOUNT DUE OR REFUND:**

NOT APPLICABLE

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**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

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**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

NOT APPLICABLE

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**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

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**SPECIAL INSTRUCTIONS:**

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY JULY 17, 2017

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2015, or fiscal year beginning SEP 1, 2015, and ending AUG 31, 2016

# 2015

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**

Name of exempt organization

Employer identification number

**EASTER SEALS NEW JERSEY, INC**

**22-1508591**

Name and title of officer

**BRIAN FITZGERALD  
PRESIDENT & CEO**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>139,705,741.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 3) .....	<b>5b</b> _____

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To reverse a payment, you must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature on the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize COHNREZNICK LLP to enter my PIN 11111  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**22784522147**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature ▶ COHNREZNICK LLP Date ▶ 05/12/17

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.

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

**2015**  
Open to Public Inspection

**A** For the 2015 calendar year, or tax year beginning **SEP 1, 2015** and ending **AUG 31, 2016**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>EASTER SEALS NEW JERSEY, INC</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>25 KENNEDY BLVD 600</b> City or town, state or province, country, and ZIP or foreign postal code <b>EAST BRUNSWICK, NJ 08816</b> <b>F</b> Name and address of principal officer: <b>BRIAN FITZGERALD</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>22-1508591</b>  <b>E</b> Telephone number <b>732-257-6662</b>  <b>G</b> Gross receipts \$ <b>140,384,770.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.EASTERSEALSNJ.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1948</b> <b>M</b> State of legal domicile: <b>NJ</b>

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO ASSIST INDIVIDUALS AND THEIR FAMILIES IN OVERCOMING PHYSICAL SOCIAL AND ECONOMIC BARRIERS SO THEY</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	15
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	15
	<b>5</b>	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	4251
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	284
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0.
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>
<b>9</b>		Program service revenue (Part VIII, line 2g)	108,478,797.	120,487,273.
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,881,271.	18,697,702.
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10, and 11)	429,759.	375,323.
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	286,485.	145,443.
<b>12</b>			127,076,312.	139,705,741.
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	49,658,738.	59,704,463.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	64,679,233.	68,306,452.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>781,279.</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	12,305,130.	12,203,540.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	126,643,101.	140,214,455.
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	433,211.	-508,714.
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	23,389,340.	26,914,597.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	14,763,721.	18,686,800.
	<b>22</b>		8,625,619.	8,227,797.

**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.

<b>Sign Here</b>	Signature of officer <b>BRIAN FITZGERALD, PRESIDENT &amp; CEO</b> Type or print name and title	Date _____			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>THOMAS LANNING</b>	Preparer's signature <b>THOMAS LANNING</b>	Date <b>05/12/17</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00851654</b>
	Firm's name ▶ <b>COHNREZNICK LLP</b> Firm's address ▶ <b>4 BECKER FARM ROAD ROSELAND, NJ 07068</b>	Firm's EIN ▶ <b>22-1478099</b> Phone no. <b>973-228-3500</b>			

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 [X]

1 Briefly describe the organization's mission: TO ENRICH THE LIVES OF PEOPLE LIVING WITH DISABILITIES AND SPECIAL NEEDS, AND THOSE WHO CARE ABOUT THEM, BY PROVIDING OPPORTUNITIES TO LIVE, LEARN, WORK, AND PLAY IN THEIR COMMUNITIES.

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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 93,318,212. including grants of \$ 59,704,463. ) (Revenue \$ ) FISCAL INTERMEDIARY SERVICES (FIS) - INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES ARE ABLE TO ACCESS AND CHOOSE THEIR OWN PERSONALIZED AND SELF-DIRECTED CARE PROVIDERS. EASTER SEALS NEW JERSEY MANAGES INDIVIDUALIZED BUDGETS, PAYS THE SELECTED VENDORS AND PROVIDER AND ACTS AS THE EMPLOYER OF RECORD OF STAFF THAT IS HIRED BY THE INDIVIDUAL. DURING FY16 (SEPTEMBER 1, 2015 THROUGH AUGUST 31, 2016) EASTER SEALS FISCAL INTERMEDIARY SERVICES PROVIDED SERVICES TO 9 INDIVIDUALS UNDER SELF- DETERMINATION, 3,055 INDIVIDUALS UNDER REAL-LIFE CHOICES PROGRAMS AND 2059 UNDER INTERM SP, ENABLING PARTICIPANTS TO LIVE IN THEIR COMMUNITY.

4b (Code: ) (Expenses \$ 13,105,857. including grants of \$ ) (Revenue \$ 10,157,035. ) COMMUNITY LIVING SERVICES (CLS) - EASTER SEALS COMMUNITY LIVING SERVICES (CLS) PROVIDES RESIDENTIAL, OUTREACH, CASE MANAGEMENT AND FAMILY SUPPORT SERVICES TO INDIVIDUALS WITH A MENTAL ILLNESS DIAGNOSIS. RESIDENTIAL SERVICES WERE PROVIDED TO 337 INDIVIDUALS AT 55 SITES IN WARREN, HUNTERDON, MONMOUTH, ESSEX, SOMERSET AND MIDDLESEX COUNTIES. SOME INDIVIDUALS WILL RECEIVE SERVICES TO LEARN TO AVOID HOSPITALIZATION, OBTAIN THE SKILLS NEEDED TO LIVE IN STABLE HOUSING AND MAINTAIN COMMUNITY LINKAGES AFTER DISCHARGE FROM OUR SERVICE. OTHERS WILL OBTAIN THE ASSISTANCE NECESSARY TO ACHIEVE PERSONAL GOALS WITH INDEPENDENCE AND DIGNITY THROUGH LIFE- SKILLS TRAINING AND 24 HOUR SUPPORT. 91 CONSUMERS TRANSITIONED INTO A LESS RESTRICTIVE LIVING ENVIRONMENT. HEALTH AND WELLNESS OUTCOMES: A TOTAL OF 97% OF

4c (Code: ) (Expenses \$ 11,275,923. including grants of \$ ) (Revenue \$ 279,417. ) COMMUNITY SUPPORT SERVICES (CSS)- DAY SERVICES AND RESIDENTIAL SERVICES ARE PROVIDED TO INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES. THE PEOPLE, WHO ATTENDED THESE PROGRAMS, COMMUNITY ACTIVITIES, ACQUIRED SKILLS NECESSARY TO MAINTAIN DAILY LIVING, AND ADAPT TO LIFESTYLE CHANGES. CSS PROVIDES LIFE SKILLS TRAINING, TRANSPORTATION AND OTHER SERVICES IN ORDER TO ASSIST PARTICIPANTS TO ACHIEVE PERSONAL GOALS WITH THE MAXIMUM AMOUNT OF INDEPENDENCE AND DIGNITY. DURING FISCAL YEAR 2016, 546 INDIVIDUALS RECEIVED SERVICES. EVERY INDIVIDUAL SERVED CONSISTENTLY EXPERIENCED A VARIETY OF PREFERRED ACTIVITIES WITHIN THEIR COMMUNITIES FOR THE SEVENTH CONSECUTIVE YEAR. ALL DAY PROGRAM AND RESIDENTIAL CONSUMERS REPORTED AN ENHANCED QUALITY OF LIFE THROUGH PARTICIPATION IN THE PROGRAM. ALL DAY PROGRAM PARTICIPANTS AND

4d Other program services (Describe in Schedule O.) (Expenses \$ 16,676,222. including grants of \$ ) (Revenue \$ 8,321,594.)

4e Total program service expenses 134,376,214.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows 1-19 with various questions and 'X' marks in the Yes/No columns.

Part IV Checklist of Required Schedules (continued)

Table with columns for question number, question text, Yes, and No. Rows include questions 20a through 38, covering topics like hospital facilities, financial statements, grants, compensation, tax-exempt bonds, excess benefit transactions, and contributions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Includes questions about Form 1096, Form W-2G, Form W-3, Form 8886-T, Form 8899, Form 1098-C, Form 4966, Form 1041, and Form 720.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (15); 1b Enter the number of voting members included in line 1a, above, who are independent (15); 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? (X); 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? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 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? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 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 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose any financial interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 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 (X); b Other officers or key employees of the organization (X); 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? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NJ
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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 [X] 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: BRIAN FITZGERALD, PRESIDENT - 732-257-6662 25 KENNEDY BOULEVARD, SUITE 600, EAST BRUNSWICK, NJ 08816

**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, and 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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from 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) ERIC KUNKEL BOARD MEMBER	0.50 0.20	X					0.	0.	0.	
(2) ESHON MITRA BOARD MEMBER	0.50	X					0.	0.	0.	
(3) FRANK LAVADERA 2ND VICE CHAIR/ OPERATIONS	0.50 0.20	X		X			0.	0.	0.	
(4) JOE REO CHAIRMAN	0.50	X		X			0.	0.	0.	
(5) JOHN GLYNN BOARD MEMBER	0.50 0.20	X					0.	0.	0.	
(6) JONATHAN D'ORSI BOARD MEMBER	0.50	X					0.	0.	0.	
(7) KATIE MCGEE BOARD MEMBER	0.50 0.20	X					0.	0.	0.	
(8) MELISSA SKROCKI BOARD MEMBER	0.50	X					0.	0.	0.	
(9) MICHAEL BISESTI BOARD MEMBER	0.50	X		X			0.	0.	0.	
(10) MICHAEL GREENSTREET BOARD MEMBER	0.50	X					0.	0.	0.	
(11) PAMELA FRIEDMAN BOARD MEMBER	0.50	X					0.	0.	0.	
(12) PEDRAM ALAEDINI BOARD MEMBER	0.50	X					0.	0.	0.	
(13) SEAN BABEY BOARD MEMBER	0.50 0.20	X					0.	0.	0.	
(14) SEAN WILCOX BOARD MEMBER	0.50 0.20	X					0.	0.	0.	
(15) STEPHEN HOELPER 1ST VICE CHAIR/ OPERATIONS	0.50	X					0.	0.	0.	
(16) BRIAN J. FITZGERALD PRESIDENT/CEO	35.00 0.30			X			381,086.	0.	99,409.	
(17) CHERYL MARKS YOUNG CHIEF FINANCIAL OFFICER	35.00 0.30			X			196,200.	0.	4,898.	

**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 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) HELEN DROBNIS CORPORATE SECRETARY	35.00 0.30			X				150,662.	0.	26,141.
(19) JUDY FELLEZ ASSISTANT CORPORATE SECRETARY	35.00 0.30			X				59,098.	0.	11,602.
(20) CHARLES PARRY VP OF PROGRAMS	35.00					X		134,867.	0.	29,844.
(21) EDDIE L. CHAVIS VP OF INFORMATION TECH	35.00					X		107,590.	0.	16,319.
(22) MICHAEL OWEN CHIEF HUMAN RESOURCES OFFICER	35.00 0.30					X		158,895.	0.	32,533.
(23) MICHAEL RING VP OF BUSINESS DEVELOPMENT	35.00					X		154,690.	0.	25,886.
(24) SHELLEY SAMUEL CHIEF PROGRAM OFFICER	35.00 0.30					X		186,908.	0.	19,535.
<b>1b Sub-total</b>								1,529,996.	0.	266,167.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,529,996.	0.	266,167.

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 **9**

	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		X
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	X	
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		X

**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
CHILDREN'S CENTER PROGRAMS, LLC 1115 GREEN GROVE ROAD, NEPTUNE, NJ 07753	INDIVIDUAL SUPPORT	4,372,544.
FRIENDS OF CYRUS, 2 METOWEE FARMS, UPPER SADDLE RIVER, NJ 07458	INDIVIDUAL SUPPORT	1,469,025.
BROADWAY RESPITE & HOME CARE LLC 24-20 BROADWAY, FAIR LAWN, NJ 07410	INDIVIDUAL SUPPORT	1,325,587.
HEART TO HEART HEALTH CARE SERVICES LLC, 576 CENTRAL AVENUE, SUITE 301, EAST APLUSCARE, LLC	INDIVIDUAL SUPPORT	1,088,233.
3105 COMMONS DRIVE, EAST BRUSWICK, NJ 08816	INDIVIDUAL SUPPORT	938,873.

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 **21**

**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	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	23,130.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	119,767,815.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	696,328.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		34,225.				
	<b>h Total.</b> Add lines 1a-1f .....		120,487,273.				
	Program Service Revenue	<b>2 a</b> MEDICAID FEES .....	<b>Business Code</b> 900099	12,519,745.	12,519,745.		
<b>b</b> PROGRAM SERVICE FEES .....		900099	4,410,061.	4,410,061.			
<b>c</b> SALES TO THE PUBLIC .....		900099	1,767,896.	1,767,896.			
<b>d</b> .....							
<b>e</b> .....							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....			18,697,702.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		252,108.			252,108.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	105,087.				
		(ii) Personal					
		<b>b</b> Less: rental expenses .....		0.			
		<b>c</b> Rental income or (loss) .....		105,087.			
	<b>d</b> Net rental income or (loss) .....		105,087.			105,087.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	734,538.				
		(ii) Other	36,568.				
		<b>b</b> Less: cost or other basis and sales expenses .....		620,998.	26,893.		
		<b>c</b> Gain or (loss) .....		113,540.	9,675.		
	<b>d</b> Net gain or (loss) .....		123,215.			123,215.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 23,130. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	11,150.				
		<b>b</b> Less: direct expenses .....	<b>b</b>	31,138.			
<b>c</b> Net income or (loss) from fundraising events .....			-19,988.			-19,988.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue		<b>Business Code</b>					
<b>11 a</b> MISC .....	900099	60,344.	60,344.				
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....		60,344.				
<b>12 Total revenue.</b> See instructions. ....		139,705,741.	18,758,046.	0.	460,422.		



**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 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....	59,704,463.	59,704,463.		
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 .....	890,038.	829,875.	53,685.	6,478.
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 .....	52,436,364.	48,935,324.	3,113,714.	387,326.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	448,824.	413,484.	32,734.	2,606.
9 Other employee benefits .....	7,723,369.	7,115,230.	563,285.	44,854.
10 Payroll taxes .....	6,807,857.	6,465,674.	310,172.	32,011.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....	113,228.	82,955.	30,157.	116.
c Accounting .....	292,887.	214,579.	78,008.	300.
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 Sch. O.)	1,219,829.	946,188.	272,315.	1,326.
12 Advertising and promotion .....				
13 Office expenses .....	868,193.	692,409.	85,389.	90,395.
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	4,343,823.	4,080,492.	232,727.	30,604.
17 Travel .....	2,329,597.	2,319,394.	9,895.	308.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings .....	78,439.	55,413.	22,546.	480.
20 Interest .....				
21 Payments to affiliates .....	53,915.	53,915.		
22 Depreciation, depletion, and amortization .....	624,061.	614,936.	8,730.	395.
23 Insurance .....	58,363.	33,997.	23,546.	820.
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>SUPPLIES</b> .....	805,786.	770,538.	20,058.	15,190.
b <b>RENTAL &amp; MAINT EQUIP</b> .....	651,816.	524,040.	123,778.	3,998.
c <b>OTHER SPECIAL EVENTS</b> .....	164,021.			164,021.
d <b>MEMBERSHIP DUES</b> .....	131,239.	103,741.	27,447.	51.
e All other expenses .....	468,343.	419,567.	48,776.	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	140,214,455.	134,376,214.	5,056,962.	781,279.
26 <b>Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,984,976.	<b>1</b>	5,499,447.
	<b>2</b> Savings and temporary cash investments .....	1,231,923.	<b>2</b>	981,745.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	7,310,576.	<b>4</b>	6,715,975.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	624,868.	<b>9</b>	801,557.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 15,699,791.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 10,374,005.	5,609,978.	<b>10c</b> 5,325,786.
	<b>11</b> Investments - publicly traded securities .....	6,566,748.	<b>11</b>	7,447,570.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	60,271.	<b>15</b>	142,517.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	23,389,340.	<b>16</b>	26,914,597.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	14,719,689.	<b>17</b>	18,641,426.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	28,915.	<b>19</b>	42,292.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	15,117.	<b>23</b>	3,082.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	14,763,721.	<b>26</b>	18,686,800.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	5,196,079.	<b>27</b>	4,448,780.
	<b>28</b> Temporarily restricted net assets .....	3,429,540.	<b>28</b>	3,779,017.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	8,625,619.	<b>33</b>	8,227,797.	
<b>34</b> Total liabilities and net assets/fund balances .....	23,389,340.	<b>34</b>	26,914,597.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	139,705,741.
2	Total expenses (must equal Part IX, column (A), line 25)	2	140,214,455.
3	Revenue less expenses. Subtract line 2 from line 1	3	-508,714.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,625,619.
5	Net unrealized gains (losses) on investments	5	110,892.
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 33, column (B))	10	8,227,797.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?  Yes  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?  Yes  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?  Yes  No  
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?  Yes  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  Yes  No

	Yes	No
1		
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2015)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2015**

Open to Public Inspection

<b>Name of the organization</b> <b>EASTER SEALS NEW JERSEY, INC</b>	<b>Employer identification number</b> <b>22-1508591</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations: \_\_\_\_\_  

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	81493218.	88383857.	99903574.	108478797.	120487273.	498746719.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	81493218.	88383857.	99903574.	108478797.	120487273.	498746719.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						498746719.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4 .....	81493218.	88383857.	99903574.	108478797.	120487273.	498746719.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	267,127.	270,802.	433,303.	421,257.	357,195.	1749684.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	237,975.	107,458.	92,641.	167,654.	71,494.	677,222.
<b>11 Total support.</b> Add lines 7 through 10						501173625.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	87,915,461.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	99.52 %
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14 .....	<b>15</b>	99.45 %
<b>16a 33 1/3% support test - 2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶ <input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	▶ <input type="checkbox"/>	

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organization.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the first day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		



**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets		
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 <b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

**SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**

**MISCELLANEOUS**

2011 AMOUNT: \$ 104,684.

2012 AMOUNT: \$ 60,943.

2013 AMOUNT: \$ 82,996.

2014 AMOUNT: \$ 155,819.

2015 AMOUNT: \$ 60,344.

**FUNDRAISING**

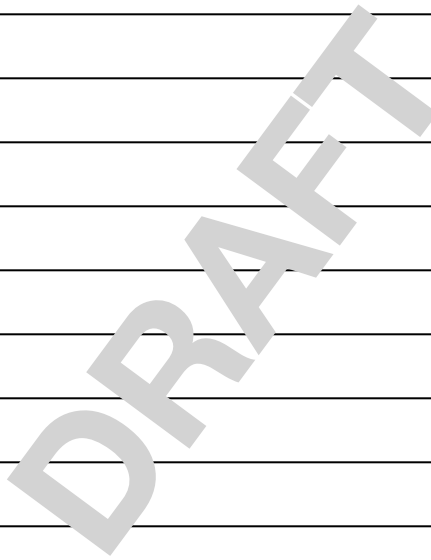
2011 AMOUNT: \$ 133,291.

2012 AMOUNT: \$ 46,515.

2013 AMOUNT: \$ 9,645.

2014 AMOUNT: \$ 11,835.

2015 AMOUNT: \$ 11,150.



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2015**

Name of the organization

EASTER SEALS NEW JERSEY, INC

Employer identification number

22-1508591

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (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 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not 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 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization <b>EASTER SEALS NEW JERSEY, INC</b>	Employer identification number <b>22-1508591</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

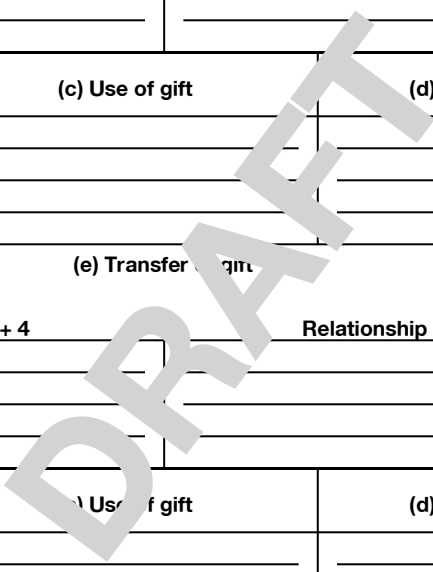
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NJ DIVISION OF DEVELOPMENTAL DISABILITIES  200 INDEPENDENCE AVENUE, S.W.,  WASHINGTON, DC 20201	\$ 104,029,298.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	NJ DIVISION OF MENTAL HEALTH & HOSPITALS  13 CLINTON ST #11  NEWARK, NJ 07102	\$ 7,658,045.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	NJ DEPARTMENT OF LABOR  PO BOX 110  TRENTON, NJ 08625	\$ 2,835,501.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	NJ DIVISION OF VOCATIONAL REHABILITATION  PO BOX 360  TRENTON, NJ 08625	\$ 3,311,756.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>EASTER SEALS NEW JERSEY, INC</b>	Employer identification number <b>22-1508591</b>
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**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 info. once.) ▶ \$ \_\_\_\_\_  
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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	



SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2015 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization: EASTER SEALS NEW JERSEY, INC Employer identification number: 22-1508591

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for works of art and assets held for financial gain.



**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 amount liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Form 990, 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 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)  |    |
| (ii) related organizations  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 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		1,300,819.		1,300,819.
b Buildings		9,753,161.	6,729,494.	3,023,667.
c Leasehold improvements		11,850.	18,924.	-7,074.
d Equipment		4,530,551.	3,595,253.	935,298.
e Other		103,410.	30,334.	73,076.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,325,786.

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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other, (A) through (H), and a Total row.

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows include (1) through (9) and a Total row.

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows include (1) through (9) and a Total row.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes (1) Federal income taxes and rows (2) through (9). A Total row is at the bottom.

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 [X]

**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	139,724,272.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	110,892.	
b	Donated services and use of facilities	2b	71,660.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-164,021.	
e	Add lines 2a through 2d	2e		18,531.
3	Subtract line 2e from line 1	3		139,705,741.
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		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		139,705,741.

**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	140,122,094.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	71,660.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		71,660.
3	Subtract line 2e from line 1	3		140,050,434.
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	164,021.	
c	Add lines 4a and 4b	4c		164,021.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part VIII, line 8.)	5		140,214,455.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 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.

**PART IV, LINE 1B:**

EASTER SEALS IS THE RECIPIENT OF INTEREST AND DIVIDEND INCOME FROM TWO SEPARATE FOUNDATIONS. THE INVESTMENTS ARE HELD BY TRUSTEES AND ARE NOT RECORDED ON EASTER SEALS' STATEMENT OF FINANCIAL POSITION SINCE THE INVESTMENTS ARE NOT SUBJECT TO THE CONTROL OF EASTER SEALS.

**PART X, LINE 2:**

EASTER SEALS HAS NO UNRECOGNIZED TAX BENEFITS AT AUGUST 31, 2016. EASTER SEALS' U.S. FEDERAL AND STATE INCOME TAX RETURNS PRIOR TO FISCAL YEAR 2013 ARE CLOSED AND MANAGEMENT CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS.

**Part XIII** Supplemental Information (continued)

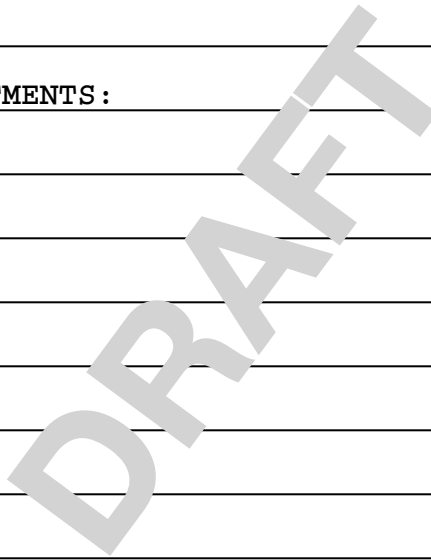
EASTER SEALS RECOGNIZES INTEREST AND PENALTIES ASSOCIATED WITH TAX MATTERS AS GENERAL EXPENSES AND INCLUDES ACCRUED INTEREST AND PENALTIES UNDER ACCRUED EXPENSES IN THE STATEMENT OF FINANCIAL POSITION. THERE WERE NO INTEREST OR PENALTIES ACCRUED OR PAID FOR THE YEAR ENDED AUGUST 31, 2016.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING INDIRECT EXPENSES -164,021.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING INDIRECT EXPENSES 164,021.





**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		DINNER EVENT (event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	34,280.			34,280.
	<b>2</b> Less: Contributions .....	23,130.			23,130.
	<b>3</b> Gross income (line 1 minus line 2) .....	11,150.			11,150.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....	6,049.			6,049.
	<b>6</b> Rent/facility costs .....	10,440.			10,440.
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	14,649.			14,649.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				31,138.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-19,988.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_



**Part IV** Supplemental Information *(continued)*

DRAFT



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization **EASTER SEALS NEW JERSEY, INC** Employer identification number **22-1508591**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance

DRAFT

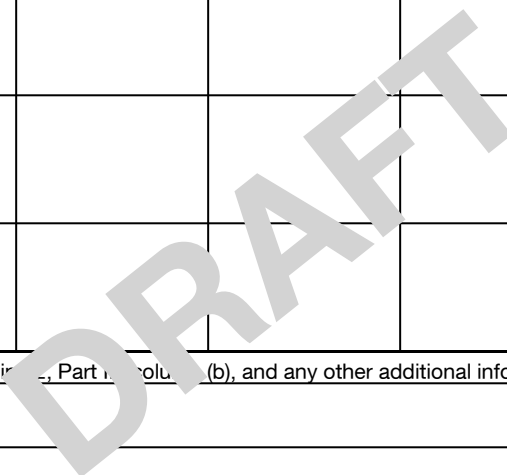
- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ \_\_\_\_\_
- 3** Enter total number of other organizations listed in the line 1 table ..... ▶ \_\_\_\_\_

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2015)

**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
PATIENT CARE	8795	59,704,463.	0.		



**Part IV Supplemental Information.** Provide the information required in Part I, line 1, Part II, column (b), and any other additional information.

SCHEDULE I, PART III

THIS AMOUNT REPRESENTS ASSISTANCE TO INDIVIDUALS AS APPROVED BY STATE  
OF NEW JERSEY FOR EACH INDIVIDUAL'S CARE PLAN. ESNJ ITSELF DOES NOT  
GIVE ANY ADDITIONAL GRANTS.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2015**

Open to Public Inspection

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.

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

**EASTER SEALS NEW JERSEY, INC**

Employer identification number

**22-1508591**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> 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 .....

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

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

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

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

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

**Only section 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? .....
- b** Any related organization? .....
- If "Yes" to 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? .....
- b** Any related organization? .....
- 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 on lines 5 and 6? If "Yes," describe in Part III .....

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2015

**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) BRIAN J. FITZGERALD PRESIDENT/CEO	(i)	280,779.	46,772.	53,535.	71,539.	29,280.	481,905.	37,827.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CHERYL MARKS YOUNG CHIEF FINANCIAL OFFICER	(i)	195,937.	0.	263.	4,898.	1,052.	202,150.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) HELEN DROBNIS CORPORATE SECRETARY	(i)	150,115.	0.	547.	4,678.	22,300.	177,640.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CHARLES PARRY VP OF PROGRAMS	(i)	114,995.	19,500.	372.	2,100.	28,399.	165,366.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MICHAEL OWEN CHIEF HUMAN RESOURCES OFFICER	(i)	158,687.	0.	208.	4,257.	29,163.	192,315.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MICHAEL RING VP OF BUSINESS DEVELOPMENT	(i)	154,124.	0.	566.	4,789.	21,955.	181,434.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SHELLEY SAMUEL CHIEF PROGRAM OFFICER	(i)	186,190.	0.	718.	5,673.	14,914.	207,495.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

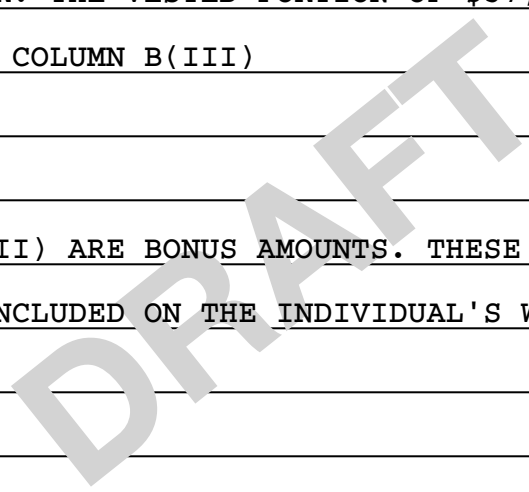
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4B:

BRIAN FITZGERALD PARTICIPATED IN A NON-QUALIFIED PENSION PLAN. NO ACCRUAL WAS MADE DURING THE CALENDAR YEAR. THE AMOUNT INCLUDED IN COLUMN (C) REPRESENTS THE ACTUARIAL GAIN FOR THE YEAR. THE VESTED PORTION OF \$37,827 IS INCLUDED IN HIS 2015 W-2, AND PART II, COLUMN B(III)

PART I, LINE 7:

INCLUDED IN SCHEDULE J, PART II COLUMN B(II) ARE BONUS AMOUNTS. THESE AMOUNTS WERE APPROVED BY THE BOARD, AND INCLUDED ON THE INDIVIDUAL'S W-2.



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2015**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **EASTER SEALS NEW JERSEY, INC** Employer identification number **22-1508591**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( OTHER /WWM )	X	105	28,176 . FMV	
26 Other ▶ ( RVW DINNER )	X	60	6,049 . FMV	
27 Other ▶ ( )				
28 Other ▶ ( )				

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29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**SCHEDULE M, PART I, COLUMN (B):**

**AMOUNTS IN COLUMN B REPRESENT THE NUMBER OF CONTRIBUTORS.**

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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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

EASTER SEALS NEW JERSEY, INC

Employer identification number

22-1508591

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CAN PARTICIPATE IN THEIR COMMUNITIES WITH EQUALITY DIGNITY AND  
INDEPENDENCE BY PROVIDING HEALTH AND HUMAN SERVICES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

RESIDENTIAL CONSUMERS AVOIDED INVOLUNTARY HOSPITALIZATIONS DURING FY  
2016.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

RESIDENTS REPORTED LEARNING NEW OR ENHANCING EXISTING DAILY LIVING  
SKILLS.

FORM 990, PART VI, SECTION B, LINE 11:

FORM 990 IS REVIEWED FIRST BY SENIOR MANAGEMENT AND BY THE AUDIT COMMITTEE  
OF THE BOARD OF DIRECTORS. THE AUDIT COMMITTEE THEN REVIEWS THE DOCUMENT  
WITH THE FULL BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST FORMS ARE SIGNED ANNUALLY WITH DISCLOSURES PROVIDED AT  
THAT TIME.

FORM 990, PART VI, SECTION B, LINE 15:

EXECUTIVE EVALUATION AND COMPENSATION COMMITTEE: ACCORDING TO ESNJ BYLAWS,  
SHALL CONSIST OF AT LEAST THREE (3) MEMBERS, INCLUDING THE IMMEDIATE PAST  
CHAIRMAN OF ESNJ AS CHAIRMAN, THE CHAIRMAN, AND ONE OR MORE MEMBERS WHO  
SHALL BE SELECTED BY THE IMMEDIATE PAST CHAIRMAN AND THE CHAIRMAN. THE



Name of the organization EASTER SEALS NEW JERSEY, INC	Employer identification number 22-1508591
--	--

EXECUTIVE EVALUATION AND COMPENSATION COMMITTEE SHALL EVALUATE THE PERFORMANCE, REVIEW AND ESTABLISH THE COMPENSATION OF THE PRESIDENT/CEO. IT SHALL MEET AT LEAST ONCE PER YEAR.

FORM 990, PART VI, SECTION C, LINE 19:  
AVAILABLE UPON REQUEST

FORM 990, PART XII, LINE 2C:  
THE AUDIT COMMITTEE SHALL ASSURE THAT A CERTIFIED AUDIT IS PERFORMED BY AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT, WHICH WILL BE RECOMMENDED BY THE AUDIT COMMITTEE AT THE BOARD'S ANNUAL MEETING. THIS COMMITTEE SHALL BE RESPONSIBLE FOR ASSISTING THE BOARD IN ITS OVERSIGHT OF:

- 1) THE INTEGRITY OF THE FINANCIAL STATEMENTS OF THE ORGANIZATION,
- 2) THE COMPLIANCE WITH LEGAL AND REGULATORY REQUIREMENTS,
- 3) THE INDEPENDENCE QUALIFICATION AND PERFORMANCE OF THE INDEPENDENT AUDITOR,
- 4) THE APPROPRIATENESS OF THE ORGANIZATION INTERNAL CONTROL PROCEDURES AND THEIR IMPLEMENTATION.
- 5) SHALL ALSO RECEIVE ON AN ANNUAL BASIS COPIES OF THE AUDITED FINANCIAL STATEMENTS AND THE AUDITOR'S MANAGEMENT LETTER, AND WILL RECEIVE THE ANNUAL IRS FORM 990.

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public Inspection

Name of the organization **EASTER SEALS NEW JERSEY, INC** Employer identification number **22-1508591**

**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
ESV LLC D/B/A MARKELL COUNSELING - 46-4983787, 25 KENNEDY BOULEVARD, SUITE 600, EAST BRUNSWICK, NJ 08816	COUNSELING	NEW JERSEY	-271,521.	60,353.	ESNJ
EASTER SEALS FINANCIAL MANAGEMENT SERVICES, LLC - 47-1452887, 25 KENNEDY BOULEVARD, SUITE 600, EAST BRUNSWICK, NJ 08816	FINANCIAL MANAGEMENT	NEW JERSEY	0.	0.	ESNJ
EASTER SEALS FINANCIAL COUNSELING SERVICES, LLC - 47-1466497, 25 KENNEDY BOULEVARD, SUITE 600, EAST BRUNSWICK, NJ 08816	FINANCIAL COUNSELING	NEW JERSEY	0.	0.	ESNJ
EASTER SEALS NEW JERSEY SOLUTIONS, LLC - 47-5217500, 25 KENNEDY BOULEVARD, SUITE 600, EAST BRUNSWICK, NJ 08816	ADMINISTRATIVE AND CONSULTING SERVICES	NEW JERSEY	-43,749.	18,590.	ESNJ

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
PERMAMENCY ADVOCACY SUPPORT SYSTEM, INC. - 22-3121976, 25 KENEDY BOULEVARD, EAST BRUNSWICK, NJ 08816	PROVIDE HOUSING TO THE DISABLED	NEW JERSEY	501(C)(3)	LINE 9	ESNJ	X	
SPECIAL NEEDS FOUNDATION, INC. - 22-2579320 25 KENEDY BOULEVARD EAST BRUNSWICK, NJ 08816	INACTIVE	NEW JERSEY	501(C)(3)	LINE 7	ESNJ	X	
SPECIAL NEEDS FUND - 22-2871362 25 KENEDY BOULEVARD EAST BRUNSWICK, NJ 08816	INACTIVE	NEW JERSEY	501(C)(3)	PF	ESNJ	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2015

**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.

**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?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	X	
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

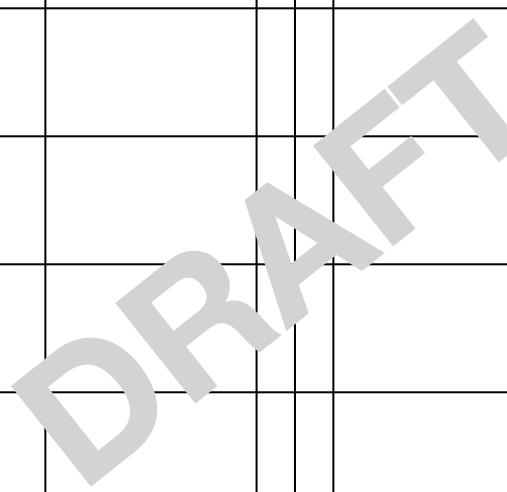
**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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).

Lined area for supplemental information.

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2015 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
2	BUILDING	VARIOUS	SL	39.50		16	9,753,161.				9,753,161.6	412,624.		316,870.6	5,729,494.
	* 990 PAGE 10 TOTAL BUILDINGS						9,753,161.				9,753,161.6	412,624.		316,870.6	5,729,494.
	MACHINERY & EQUIPMENT														
3	EQUIPMENT	VARIOUS	SL	10.00		16	4,530,551.				4,530,551.3	296,506.		298,747.8	3,595,253.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						4,530,551.				4,530,551.3	296,506.		298,747.8	3,595,253.
	LAND														
1	LAND	VARIOUS	NC	.000	HY	1	1,300,819.				1,300,819.			0.	
	* 990 PAGE 10 TOTAL LAND						1,300,819.				1,300,819.	0.		0.	0.
	OTHER														
4	LEASEHOLD IMPROVEMENTS	VARIOUS	SL	39.50		16	11,850.				11,850.	10,480.		8,444.	18,924.
5	CAPITAL LEASE	VARIOUS	SL	.000		16	51,795.				51,795.	30,334.		0.	30,334.
6	CONSTRUCTIONS IN PROGRESS	VARIOUS	SL	.000		16	51,615.				51,615.			0.	
	* 990 PAGE 10 TOTAL OTHER						115,260.				115,260.	40,814.		8,444.	49,258.
	* GRAND TOTAL 990 PAGE 10 DEPR						15699791.				15699791.9	749,944.		624,061.	10374005.

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to your tax return.**

▶ **Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**EASTER SEALS NEW JERSEY, INC**

**FORM 990 PAGE 10**

**22-1508591**

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	624,061.

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	
18	If you are electing to group any assets placed in service during the tax year into one or more asset accounts, check here		<input type="checkbox"/>

**Section B - Assets Placed in Service During 2015 Tax Year Using the General Depreciation System**

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
		/		27.5 yrs.	MM	S/L	
i	Nonresidential real property	/		39 yrs.	MM	S/L	
		/			MM	S/L	

**Section C - Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System**

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	40-year	/		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	624,061.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	



Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for property details and percentages.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details and percentages.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Includes rows 30-36 for mileage and availability.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

Table for Section C with 2 columns: Yes, No. Includes rows 37-41 for policy statements and requirements.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year

42 Amortization of costs that begins during your 2015 tax year: Table with 6 columns for cost details.

43 Amortization of costs that began before your 2015 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

<b>Type or print</b> <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. <b>EASTER SEALS NEW JERSEY, INC</b>	Employer identification number (EIN) or <b>22-1508591</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>25 KENNEDY BLVD, NO. 600</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>EAST BRUNSWICK, NJ 08816</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**BRIAN FITZGERALD, PRESIDENT - 25 KENNEDY BOULEVARD,**

• The books are in the care of **SUITE 600 - EAST BRUNSWICK, NJ 08816**

Telephone No. **732-257-6662**

Fax No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **JULY 15, 2017**.

5 For calendar year \_\_\_\_\_, or other tax year beginning **SEP 1, 2015**, and ending **AUG 31, 2016**.

6 If the tax year entered in line 5 is for less than 12 months, check reason  Initial return  Final return

Change in accounting period

7 State in detail why you need the extension

**ADDITIONAL INFORMATION IS NEEDED IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.**

<b>8a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	0.
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	0.

**Signature and Verification must be completed for Part II only.**

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

Signature

Title  **CPA**

Date

EASTER SEALS NEW JERSEY, INC	*	DEPARTMENT OF THE TREASURY	9
147227	*	INTERNAL REVENUE SERVICE CENTER	9
CLIENT CODE: 0102725-0102725.0990	*	OGDEN, UT 84201-0027	0
	*		

EASTER SEALS NEW JERSEY, INC		NEW JERSEY DIVISION OF CONSUMER AFF	C
25 KENNEDY BLVD, NO. 600		CHARITIES REGISTRATION & INVESTIGAT	R
EAST BRUNSWICK, NJ 08816		P.O. BOX 45021	3
		NEWARK, NJ 07101	0
			0

DRAFT

# TAX RETURN FILING INSTRUCTIONS

NEW JERSEY FORM CRI-300R

**FOR THE YEAR ENDING**

AUGUST 31, 2016

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**PREPARED FOR:**

EASTER SEALS NEW JERSEY, INC  
25 KENNEDY BLVD NO. 600  
EAST BRUNSWICK, NJ 08816

---

**PREPARED BY:**

COHNREZNICK LLP  
4 BECKER FARM ROAD  
ROSELAND, NJ 07068

---

**AMOUNT OF TAX:**

BALANCE DUE OF \$250

---

**MAKE CHECK PAYABLE TO:**

NEW JERSEY DIVISION OF CONSUMER AFFAIRS

---

**MAIL TAX RETURN TO:**

NEW JERSEY DIVISION OF CONSUMER AFFAIRS  
CHARITIES REGISTRATION & INVESTIGATION  
P.O. BOX 45021  
NEWARK, NJ 07101

---

**RETURN MUST BE MAILED ON OR BEFORE:**

AUGUST 31, 2017

---

**SPECIAL INSTRUCTIONS:**

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED  
INDIVIDUAL(S).

INCLUDE THE ORGANIZATION'S STATE REGISTRATION NUMBER AND "2015  
FORM CRI-300R" ON THE CHECK OR MONEY ORDER.

**RETURN MUST BE FILED ONLINE.**  
**This form cannot be paper filed - this**  
**copy is for informational purposes only.**

**Form CRI-300R**  
**Long-Form Renewal Registration/Verification Statement**  
(Revised April 2008)

**All questions must be answered.**

Pursuant to the New Jersey Charitable Registration and Investigation Act (also known as "the C.R.I. Act" (N.J.S.A. 45:17A-18 et seq.), and prior to operating or commencing solicitation activity in the State, a charitable organization unless exempted from registration requirements (or qualified to file a Short-Form Registration Statement, CRI-200) shall file a Long-Form Initial Registration Statement, CRI-150-I. Charities submitting their annual long-form renewal registration must use Form CRI-300R. Please see the checklist at the end of this form for a discussion of fees, financial statements, documents to be attached, and other requirements for registration.

1. This statement contains the facts and financial information for the fiscal year ending: 08/31/2016  
month day

2. Federal ID Number (EIN) 22-1508591 2a. N.J. Charities Registration Number: 0034500

3. Full legal name of the registering organization: EASTER SEALS NEW JERSEY, INC  
In care of: (if necessary, otherwise leave this line blank) \_\_\_\_\_

4. Mailing Address: 25 KENNEDY BLVD, EAST BRUNSWICK, NJ 08816  Change of Address  
Street Address State ZIP Code

NOTE: If "in care of," a postal, private or rural delivery mail box number is used, the street address of the charity must be given below.

5. The principal street address of the registering organization \_\_\_\_\_  
 Same as Mailing Address Street Address City State ZIP Code

6. Does the organization have any offices in New Jersey in addition to the one listed above?  Yes  No  
If "Yes," attach a list giving the street address and telephone number of each office in New Jersey.

6a. If the street address listed above is not where the organization's official records are kept, or if the organization does not maintain an office in New Jersey, indicate the name, full address, phone and fax number of the person having custody of the organization's records, and to whom correspondence should be addressed.

\_\_\_\_\_  
Contact person Street address City State ZIP Code

\_\_\_\_\_  
Telephone number (include area code) Fax number (include area code)

7. Organization's contact information:  
732-257-6662 732-257-7373  
Telephone number (include area code) Fax number (include area code)

AHART@NJ.EASTERSEALS.COM WWW.EASTERSEALSNJ.ORG  
E-mail address Web site

8. Type of organization (check one):

Nonprofit corporation  Foundation  Individual  Association  Society  
 Partnership  Trust  Other (Specify) \_\_\_\_\_

9. Where and when was the organization legally established? Date: 01/08/1948 State: NJ

As required by the C.R.I. Act (N.J.S.A. 45:17A-24c(1)), attach to this registration a copy of the organization's bylaws and instrument of organization (that is, the organization's charter, articles of incorporation or organization, agreement of association, instrument of trust, or constitution) only if the document has been issued or amended during the fiscal year being reported.

10. Does the organization solicit funds under any name or names other than as indicated on line 3 of this form?  Yes  No  
If "Yes," indicate all of the other names used: \_\_\_\_\_

11. Does the organization intend to solicit contributions from the general public?  Yes  No

12. Is the organization authorized by any other state or jurisdiction to solicit contributions?  Yes  No  
If "Yes," please provide a list of those states or jurisdictions, below or on a separate sheet of paper.  
\_\_\_\_\_  
\_\_\_\_\_

13. Does the organization have affiliates which share the contributions or other revenue it raised in New Jersey?  Yes  No  
If "Yes," provide a separate listing of those affiliates indicating the name, street address and telephone number for each one.

14. What is the charitable purpose or purposes for which the organization was formed? If necessary, attach a separate statement to this registration.  
**SEE FORM 990**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14a. What are the specific programs and charitable purposes for which contributions are used? For each program, state whether it already exists or is planned. Only major program categories need be listed. If necessary, attach a separate statement to this registration.  
**ALREADY EXISTS-SEE FORM 990**  
\_\_\_\_\_  
\_\_\_\_\_

15. Does the organization use an independent paid fund-raiser or fund-raising counsel?  Yes  No  
If "Yes," please attach to this registration a list of paid fundraiser(s) or fund-raising counsel(s), including their full address, telephone number, fax number, registration number in New Jersey, and a contact person's name.

15a. Does the independent paid fund-raiser or fund-raising counsel have custody, control or access to the organization's funds?  Yes  No  
If "Yes," please describe the situation.  
\_\_\_\_\_  
\_\_\_\_\_

16. Has the organization permitted a charitable sales promotion to be conducted on its behalf by a commercial co-venturer during the fiscal year-end being reported?  Yes  No  
If "Yes," please explain: \_\_\_\_\_  
\_\_\_\_\_

17. Has the Internal Revenue Service (I.R.S.) determined that the organization is tax exempt under code 501(c)(3)?  Yes  No  
a. If "No," has an application been filed which is still pending? If so, please attach a copy of the I.R.S. 1023 form filed.  Yes  No  
b. Has a tax exemption been granted under another I.R.S. code?  Yes  No  
If "Yes," advise which one: \_\_\_\_\_  
c. Has an I.R.S. tax exemption been refused, changed or revoked?  Yes  No  
If an exemption has been refused, changed or revoked, attach to this registration a copy of the I.R.S. determination letter of notification and provide a detailed explanation of the circumstances on a separate sheet of paper.

18. Has the organization ever had its authority to conduct charitable activities denied, suspended, or revoked in any jurisdiction or has the organization ever entered into any voluntary agreement of discontinuance with any governmental entity?  Yes  No  
 If "Yes," attach to this registration a copy of the denial, suspension, revocation or voluntary agreement of discontinuance. If the document does not explain the reasons for the denial, suspension or revocation, attach to this registration an explanation on a separate sheet of paper.

19. Has the organization voluntarily entered into an assurance of voluntary compliance or similar order or agreement (including, but not limited to, a settlement of an administrative investigation or proceeding, with or without an admission of liability) with any jurisdiction, state or federal agency or officer?  Yes  No  
 If "Yes," please attach to this registration the relevant document.

20. Has the organization or any of its present officers, directors, executive personnel or trustees ever been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions, or are such proceedings pending in this or any other jurisdiction?  Yes  No  
 If "Yes," attach to this registration photocopies of any and all written documentation (such as a court order, administrative order, judgment, formal notice, written assurance or other document) which show the final disposition of the matter.

21. Has the organization or any of its present officers, directors, trustees or principal salaried executive staff employees ever been convicted of any criminal offense committed in connection with the performance of activities regulated under this act or any criminal or civil offense involving untruthfulness or dishonesty or any criminal offense relating adversely to the registrant's fitness to perform activities regulated by this Act? A plea of guilty, non vult, nolo contendere or any similar disposition of alleged criminal activity shall be deemed a conviction.  Yes  No

22. Has the organization or any of its officers, directors, trustees or principal salaried executive staff employees been adjudged liable in any administrative or civil action involving theft, fraud, or deceptive business practices? For purposes of this question a judgment of liability in an administrative or civil action shall include, but is not limited to, any finding or admission that the individual engaged in an unlawful practice in relation to the solicitation of contributions or the administration of charitable assets.  Yes  No  
 If "Yes," identify the individual(s) below and attach to this registration a copy of any court judgment or other documents indicating the final disposition of the matter.

\_\_\_\_\_

\_\_\_\_\_

23. Provide the following information for each officer, director, trustee and the five most-highly compensated executive staff employees:

Name	Business address	Telephone number (include area code)	Title	Salary
<b>SEE STATEMENT 1</b>				

# CRI-300R Long-Form Registration Renewal Financial Statement

**Note:** If the financial value of a line item = 0, place a zero in the space provided.  
Please report all figures as GROSS, not NET.

Full legal name and street address of the organization

Full legal name: EASTER SEALS NEW JERSEY, INC

Fiscal year-end being reported: 08/31/2016 Federal ID Number (EIN) 22-1508591  
month day year

Mailing address:  
25 KENNEDY BLVD, EAST BRUNSWICK, NJ 08816  
Mailing Address P.O. Box Number or Suite City State ZIP Code

Street address of the registering organization: \_\_\_\_\_  
Street Address City State ZIP Code

New Jersey Charities Registration number: CH 0034500 -00 Telephone number: 732-257-6662  
(include area code)

Attach to this registration the most recent Internal Revenue Service Form 990 and Schedule A (990), if the organization has filed those forms. Attach a copy if the organization's annual financial report included an audited financial statement, or if the organization received gross revenue in excess of \$500,000. **Note:** If the organization received gross revenue of less than \$500,000, the financial reports must be certified by the organization's president or other authorized officer of the organization's board.

In lieu of completing the CRI-300R Financial Statement pages, attached please find a copy of the I.R.S. 990 filing for the fiscal year-end indicated above.

## A. Receipts

Line A1a. Direct Public Support received from the following sources:

(1)	Direct mail .....	423,357.
(2)	Telephone solicitation .....	0.
(3)	Commercial co-venture .....	0.
(4)	Gross receipts from fund-raising events .....	34,280.
(5)	Canisters, counter cards, door to door etc .....	0.
(6)	Corporations and other business .....	154,069.
(7)	Foundations and trusts .....	118,902.
(8)	Donated land, buildings, property, equipment and materials .....	0.
(9)	Legacies and bequests .....	0.
(10)	Membership dues solely resulting from solicitations .....	0.
(11)	Other support (specify) .....	0.

Line A1b. Total Direct Public Support (add lines A1a(1) through A1a(11)) ..... 730,608.

Line A1c. Indirect Public Support received from the following sources:

(1)	Federated fund-raising organization .....	0.
(2)	From an affiliated organization .....	0.
(3)	From another fund-raising organization .....	0.

Line A1d. Total Indirect Public Support (add lines A1c(1) thru A1c(3)) ..... 0.

**Line A1e. Total Gross Contributions** (add lines A1b and A1d) ..... 730,608.



Line A2.	Government grants including purchase of service contracts (specify agency)		
a.	<b>GOVERNMENT GRANTS - CONTRIBUTIONS</b>		119,767,815.
b.	_____		0.
c.	_____		0.
d.	_____		0.
Line A2e.	Total Government Grants (add lines 2a thru 2d)		119,767,815.
Line A3.	Other Support		
a.	Bona fide membership		0.
b.	Program service revenue	SEE STATEMENT 4	18,697,702.
c.	Professional services rendered by volunteers		0.
d.	Miscellaneous income (specify)	SEE STATEMENT 3	509,616.
Line A3e.	Total Other Support (add the total of lines A3a thru A3d)		19,207,318.
Line A4.	Total Gross Revenue (add lines A1e, A2e and A3e)		139,705,741.

**B. Expenses**

Line B1.	Program expenses		134,322,299.
Line B2.	Management and general expenses		5,056,962.
Line B3.	Fund-raising expenses		781,279.
Line B4.	Payments to state/national affiliates (if applicable)		53,915.
Line B5.	Total Expenses (add the totals of line B1 thru B4)		140,214,455.

**C. Excess or Deficit**

For the fiscal year-end (subtract line B5 from line A4)		-508,714.
---	--	-----------

**D. Fund Balance**

Line D1.	Net assets or fund balances at beginning of year		8,625,619.
Line D2.	Other changes in net assets or fund balances (attach explanation) STMT 2		110,892.
Line D3.	Net assets or fund balances at end of year (Combine line D1 and D2)		8,227,797.

**Please Note:** The amount of Gross Contributions (line A1e on this form) determines the registration fee which must be paid and the form which should be used. July 2006 revisions to the Charities Registration Act now require all charities to pay a registration fee, including charities whose Gross Contributions are less than \$10,000. Further information for charity registrants may be found on our Web site: <http://www.njconsumeraffairs.gov/ocp/charities.htm>.

**Long-Form Renewal Registration Statement  
Form CRI-300RC  
Confidential Information**

Organization's Name: EASTER SEALS NEW JERSEY, INC  
N.J. Charities Registration Number: CH- 0034500 -00 Federal ID Number (EIN) 22-1508591  
Fiscal Year-End being reported: 08/31/2016  
month day year

24. Are any of the organization's officers, directors, trustees or the five most-highly compensated employees related by blood, marriage or adoption to:
- a. each other?  Yes  No
  - b. any officers, agents or employees of any fund-raising counsel or independent paid fund-raiser under contract to the organization?  Yes  No
  - c. any chief executive, employee, any other employee of the organization with a direct financial interest in the transaction, or any partner, proprietor, director, officer, trustee, or to any shareholder of the organization with more than two (2) percent interest in any supplier or vendor providing goods or services to the organization?  Yes  No
  - d. If you answered "Yes," to questions 24a, b, or c, please provide a statement explaining these relationships.
25. Do any of the organization's officers, directors, trustees or the five most-highly compensated employees have a financial interest in any activities engaged in by a fund-raising counsel or independent paid fund-raiser under contract to the organization, or any supplier or vendor providing goods or services to the organization?  Yes  No  
If "Yes," please detail these relationships below or on a separate sheet of paper and provide the name, business address and telephone number of all interested parties.

We understand that this registration is being issued at the discretion of the Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to assure compliance with the statute and all pertinent regulations. We also understand that we may be required to provide additional information if requested.

We hereby certify that the above information and the attached financial schedule(s) and statement(s) are true. We are aware that if any of the above statements are willfully false, we are subject to punishment.

Signature \_\_\_\_\_ Name BRIAN FITZGERALD Title PRESIDENT & CEO Date \_\_\_\_\_

Signature \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

*This form must be signed by two (2) authorized officers of the organization, including the chief financial officer.*

**Note: Form CRI-300RC must be filed with Form CRI-300R.**

FORM CRI-300R

LIST OF OFFICERS, DIRECTORS, TRUSTEES  
AND FIVE MOST HIGHLY PAID EMPLOYEES

STATEMENT 1

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

SHELLEY SAMUEL

CHIEF PROGRAM  
OFFICER

732-257-6662

ADDRESS

25 KENNEDY BLVD, NO. 600  
EAST BRUNSWICK, NJ 08816

SALARY

186,908.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

MICHAEL OWEN

CHIEF HUMAN  
RESOURCES OFFICER

732-257-6662

ADDRESS

25 KENNEDY BLVD, NO. 600  
EAST BRUNSWICK, NJ 08816

SALARY

158,895.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

MICHAEL RING

VP OF BUSINESS  
DEVELOPMENT

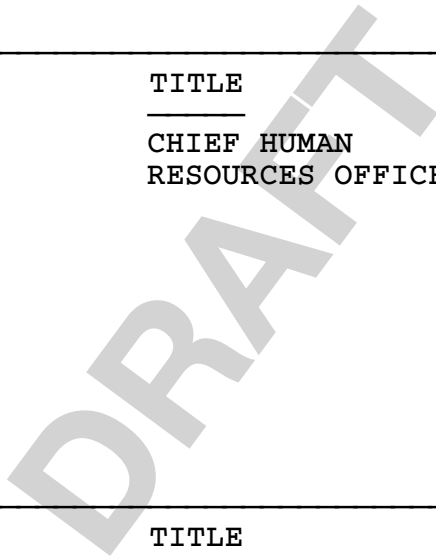
732-257-6662

ADDRESS

25 KENNEDY BLVD, NO. 600  
EAST BRUNSWICK, NJ 08816

SALARY

154,690.



NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

CHARLES PARRY

VP OF PROGRAMS

732-257-6662

ADDRESS

25 KENNEDY BLVD, NO. 600  
EAST BRUNSWICK, NJ 08816

SALARY

134,867.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

EDDIE L. CHAVIS

VP OF INFORMATION  
TECH

732-257-6662

ADDRESS

25 KENNEDY BLVD, NO. 600  
EAST BRUNSWICK, NJ 08816

SALARY

107,590.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

BRIAN J. FITZGERALD

PRESIDENT/CEO

732-257-6662

ADDRESS

25 KENNEDY BLVD, NO. 600  
EAST BRUNSWICK, NJ 08816

SALARY

381,086.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

CHERYL MARKS YOUNG

CHIEF FINANCIAL  
OFFICER

732-257-6662

ADDRESS

25 KENNEDY BLVD, NO. 600  
EAST BRUNSWICK, NJ 08816

SALARY

196,200.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

HELEN DROBNIS

CORPORATE SECRETARY

732-257-6662

ADDRESS

25 KENNEDY BLVD, NO. 600  
EAST BRUNSWICK, NJ 08816

SALARY

150,662.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

JUDY FELLEENZ

ASSISTANT CORPORATE  
SECRETARY

732-257-6662

ADDRESS

25 KENNEDY BLVD, NO. 600  
EAST BRUNSWICK, NJ 08816

SALARY

59,098.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

ERIC KUNKEL

BOARD MEMBER

732-257-6662

ADDRESS

25 KENNEDY BLVD, NO. 600  
EAST BRUNSWICK, NJ 08816

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

ESHON MITRA

BOARD MEMBER

732-257-6662

ADDRESS

25 KENNEDY BLVD, NO. 600  
EAST BRUNSWICK, NJ 08816

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

FRANK LAVADERA

2ND VICE CHAIR/  
OPERATIONS

732-257-6662

ADDRESS

25 KENNEDY BLVD, NO. 600  
EAST BRUNSWICK, NJ 08816

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

JOE REO

CHAIRMAN

732-257-6662

ADDRESS

25 KENNEDY BLVD, NO. 600  
EAST BRUNSWICK, NJ 08816

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

JOHN GLYNN

BOARD MEMBER

732-257-6662

ADDRESS

25 KENNEDY BLVD, NO. 600  
EAST BRUNSWICK, NJ 08816

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

JONATHAN D'ORSI

BOARD MEMBER

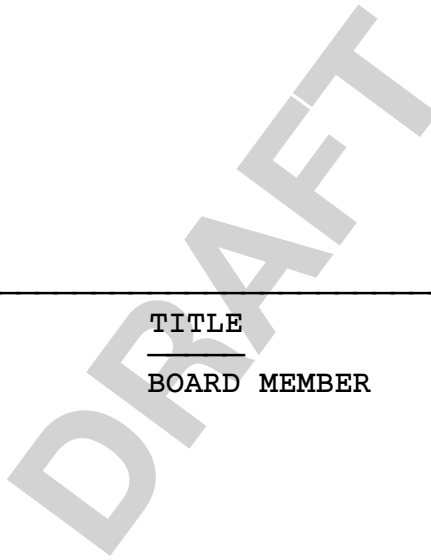
732-257-6662

ADDRESS

25 KENNEDY BLVD, NO. 600  
EAST BRUNSWICK, NJ 08816

SALARY

0.



NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

KATIE MCGEE

BOARD MEMBER

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EAST BRUNSWICK, NJ 08816

SALARY

0.

NAME OF INDIVIDUAL

TITLE

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MELISSA SKROCKI

BOARD MEMBER

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EAST BRUNSWICK, NJ 08816

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

MICHAEL BISESTI

BOARD MEMBER

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EAST BRUNSWICK, NJ 08816

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

MICHAEL GREENSTREET

BOARD MEMBER

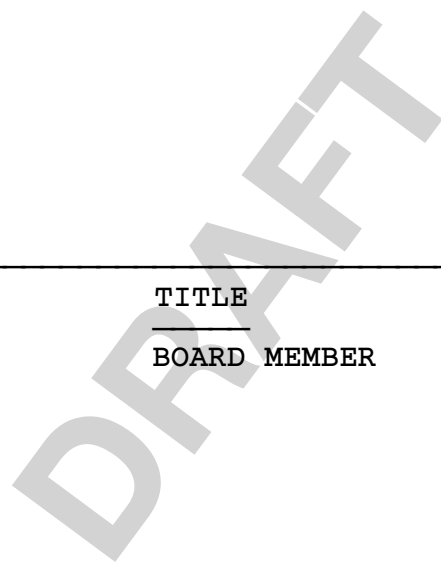
732-257-6662

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EAST BRUNSWICK, NJ 08816

SALARY

0.



NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

PAMELA FRIEDMAN

BOARD MEMBER

732-257-6662

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EAST BRUNSWICK, NJ 08816

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

PEDRAM ALAEDINI

BOARD MEMBER

732-257-6662

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EAST BRUNSWICK, NJ 08816

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

SEAN BABEY

BOARD MEMBER

732-257-6662

ADDRESS

25 KENNEDY BLVD, NO. 600  
EAST BRUNSWICK, NJ 08816

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

SEAN WILCOX

BOARD MEMBER

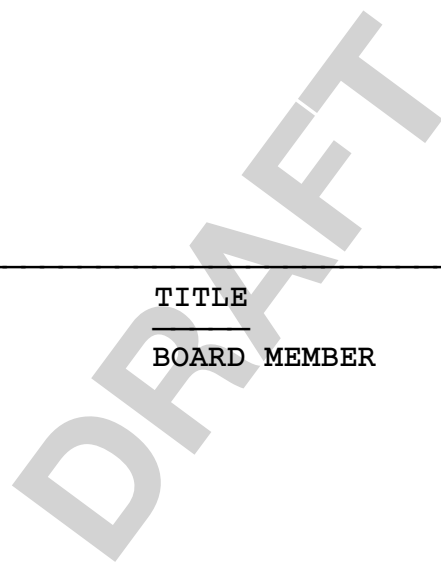
732-257-6662

ADDRESS

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EAST BRUNSWICK, NJ 08816

SALARY

0.





NAME OF INDIVIDUALTITLETELEPHONE NO.

STEPHEN HOELPER

1ST VICE CHAIR/  
OPERATIONS

732-257-6662

ADDRESS25 KENNEDY BLVD, NO. 600  
EAST BRUNSWICK, NJ 08816SALARY

0.

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**FORM CRI-300      OTHER CHANGES IN NET ASSETS OR FUND BALANCES      STATEMENT 2**

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DESCRIPTIONAMOUNT

NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS

110,892.

TOTAL INCLUDED ON FORM CRI-300, PAGE 5, LINE D2

110,892.

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**FORM CRI-300****MISCELLANEOUS INCOME****STATEMENT 3**

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DESCRIPTIONAMOUNT

INVESTMENT INCOME

252,108.

RENTAL INCOME

105,087.

GAIN/LOSS ON SALE OF ASSET(S) OTHER THAN INVENTORY

123,215.

DIRECT EXPENSES FOR FUNDRAISING EVENTS

-31,138.

MISC

60,344.

TOTAL INCLUDED ON FORM CRI-300, PAGE 5, LINE A3D

509,616.

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FORM CRI-300

PROGRAM SERVICE REVENUE

STATEMENT 4

<u>DESCRIPTION</u>	<u>AMOUNT</u>
MEDICAID FEES	12,519,745.
PROGRAM SERVICE FEES	4,410,061.
SALES TO THE PUBLIC	1,767,896.
TOTAL INCLUDED ON FORM CRI-300, PAGE 5, LINE A3B	18,697,702.

DRAFT

**RETURN MUST BE FILED ONLINE.**  
**This form cannot be paper filed - this**  
**copy is for informational purposes only.**

**Form CRI-400**

(Revised April 2008)

**Application for an Extension of Time to File the Annual Renewal Registration Statement and Financial Report for a Charitable Organization**

**All questions must be answered.**

**Important: Effective July 9, 2006, changes were made to the Charitable Registration and Investigation Act.**

*Carefully review the attached instructions before completing and submitting this form.*

Short-form filers, which take in \$10,000 or less per year in gross contributions, will no longer be granted an extension of time to file their renewal registration, pursuant to changes in the Charitable Registration and Investigation Act effective July 9, 2006, for fiscal years ending January 31, 2006, and after. Please Note: Extensions of time to file cannot be granted for Special Registrations.

Date fiscal year ends: 08/31/16 Date of this application: 01/16/17 N.J. Charities Registration Number: CH- 0034500

Charity's Full Legal Name: EASTER SEALS NEW JERSEY, INC

Other Names Used (d.b.a.) \_\_\_\_\_

**Mailing Address:**

25 KENNEDY BLVD, EAST BRUNSWICK, NJ 08816

In care of:

Address

City

State

ZIP Code

**Street Address:**

Street Address

City

State

ZIP Code

Check this box to flag a change of address or other vital information.

**Contact Person:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

(include area code)

E-mail: AHART@NJ.EASTERSEALS.COM

Federal Tax ID (EIN): 22-1508591

Web site: WWW.EASTERSEALSNJ.ORG

Fax Number: 732-257-7373

(include area code)

1. A six-month extension of time to file the Renewal Statement and Financial Report(s), for the fiscal year-end shown above, is hereby requested for the following reason(s):

ADDITIONAL INFORMATION IS NEEDED IN ORDER TO FILE A COMPLETE AND  
ACCURATE RETURN.

2. Has the organization filed all renewal registration statements for years prior to the fiscal year ending on the date shown on the first page of this application?  Yes  No

*If "No," please stop: if any prior years' filings are delinquent, the extension request will be denied. Please bring the renewal registration filings for all previous years up to date before submitting a request for an extension on a more current year.*

3. Has the organization submitted all previous years' registration fees and/or penalties owed to the Charities Registration Section of the Division of Consumer Affairs?  Yes  No

4. Has the organization previously filed an initial registration with the Charities Registration Section?  Yes  No

*If "No," please stop: You must immediately file an initial registration for which an extension of time to file cannot be granted.*

5. Final Check List - please review and check off each of the five items below as they are confirmed and accomplished.

- I have read the instructions for the extension of time to file the Registration Statement and Financial Report(s).
- All of the questions on this application have been answered.
- The charity has filed all previous renewal registrations and required documents.
- The charity has paid all previous years' fees and penalties owed to the Division.
- Payment of the registration fee due for the fiscal year being requested on this application is enclosed and has been made payable to the "New Jersey Division of Consumer Affairs."

We hereby certify that all of the above statements are true. I further certify that the organization has filed all previous years' reports, has paid all fines and penalties owed to the Division, and that this extension request contains true and accurate information. We are aware that if any of the above statements are willfully false, we are subject to punishment.

Signature \_\_\_\_\_ Title **PRESIDENT & CEO** Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

*This form must be signed by at least one officer of the charity.*

*Should you have questions regarding charities registration in New Jersey, please visit our Web site at <http://www.njconsumeraffairs.gov/ocp/charities.htm> where registration information, instructions, forms and a fee schedule may be viewed and/or downloaded. After reading through all of the information on our Web site, if you have further questions, please contact the Charities Registration Section at our hotline number (973)-504-6215 during regular business hours.*