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Form **990**

Department of the Treasury
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

**2009**

**Open to Public Inspection**

**A For the 2009 calendar year, or tax year beginning 09-01-2009 and ending 08-31-2010**

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Pennsylvania State Education Association

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
400 North Third Street

City or town, state or country, and ZIP + 4
Harrisburg, PA 17101

**D Employer identification number**
23-0961125

**E Telephone number**
(717) 255-7000

G Gross receipts $ 77,589,954

F Name and address of principal officer
W Gerard Oleksiak Treasurer
400 North Third Street
Harrisburg, PA 17101

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) **Are all affiliates included?** ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) ( 6 ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527

J **Website:** ▶ WWW PSEA ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | L Year of formation 1852 | M State of legal domicile PA

## Part I Summary

**Activities & Governance**

1 Briefly describe the organization's mission or most significant activities
TO ADVOCATE FOR QUALITY PUBLIC EDUCATION AND OUR MEMBERS THROUGH COLLECTIVE ACTION

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

| | | | |
|---|---|---|---|
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 47 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 43 |
| 5 | Total number of employees (Part V, line 2a) | 5 | 301 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 2,700 |
| 7a | Total gross unrelated business revenue from Part VIII, column (C), line 12 | 7a | 107,772 |
| b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0 |

| | | | Prior Year | Current Year |
|---|---|---|---|---|
| **Revenue** | 8 | Contributions and grants (Part VIII, line 1h) | | 0 |
| | 9 | Program service revenue (Part VIII, line 2g) | 61,362,221 | 62,058,358 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | 2,880,442 | 1,441,483 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 484,429 | 742,193 |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 64,727,092 | 64,242,034 |
| **Expenses** | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 352,605 | 333,210 |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 37,030 | 35,696 |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 36,075,940 | 39,610,650 |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶0 | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) | 16,438,940 | 16,364,884 |
| | 18 | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 52,904,515 | 56,344,440 |
| | 19 | Revenue less expenses Subtract line 18 from line 12 | 11,822,577 | 7,897,594 |

| | | | Beginning of Current Year | End of Year |
|---|---|---|---|---|
| **Net Assets or Fund Balances** | 20 | Total assets (Part X, line 16) | 71,797,034 | 74,310,298 |
| | 21 | Total liabilities (Part X, line 26) | 70,546,442 | 74,048,814 |
| | 22 | Net assets or fund balances Subtract line 21 from line 20 | 1,250,592 | 261,484 |

## Part II Signature Block

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

**Sign Here**

▶ ****** | 2011-04-11
Signature of officer | Date

▶ W GERARD OLEKSIAK TREASURER
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature ▶ | Date | Check if self-employed ▶ ☐ | Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ GRANT THORNTON LLP
2001 MARKET STREET SUITE 3100
PHILADELPHIA, PA 19103

EIN ▶

Phone no ▶ (215) 561-4200

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

## Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

TO ADVOCATE FOR QUALITY PUBLIC EDUCATION AND OUR MEMBERS THROUGH COLLECTIVE ACTION

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code ) (Expenses $ including grants of $ ) (Revenue $ )

Field Services Field Operations is composed of a headquarters division and thirteen field office sites staffed by approximately 106 UniServ, UniServ Specialist, and Management professional staff, and 40 associates It provides services to approximately 191,000+ members Field headquarters supports and administers member and organizational programs and events which include, but are not limited to external organizing, Educational Support Professional (ESP) Region, PSEA Retired member program, PSEA House of Delegates, ESP Region House of Delegates and Leadership Workshop, Collective Bargaining/Local Association Presidents' Conference, Minority Affairs/Women's Leadership Conference and Training, and Coordination of National Events held in Pennsylvania It also provides logistic support, through the PSEA conference coordinator, to other organizational events Field operations provides professional consultation and associate support to PSEA member boards and committees and staff committees/workgroups, including but not limited to PSEA-Retired Board, ESP Region Board, Public School Employees' Retirement System (PSERS) Board of Trustees, Retirement and Welfare Committee, Leadership Development Committee, Membership Affiliation Committee, ESP Region Committees, Collective Bargaining Committee, Department of Administration & Supervision (DAS) Committee, Conflict Resolution Through Collaboration (CRTC), Board of Directors Health Care Advisory Committee, Conference of Urban Locals, Health Care Board Advisory Group, Health Care Staff Liaison Group, Statewide Field Staff meetings, ESP Liaison meetings, HealthCare Staff Liaison Group meetings, External Organizing Staff meetings, Organization-Wide Special Events, Staff Training, Legal Advocacy, Field Staff Training, Union School, New UniServ Entry Program (Counseling for Success), and Topical Training as required Field services, through the UniServ and UniServ Specialist program, provides direct support and service to local associations, their leaders and members in areas which include, but are not limited to member advocacy, consultation and referral on professional and labor issues, local association advocacy through collective bargaining and contract enforcement, development and/or implementation of programs designed to maintain and increase active membership in local associations, to assist the local affiliate in political action, legislative support, community/public relations, member rights and professional development, to improve and maintain the organizational health of local affiliates through leadership training and development, internal communications, business management, and conflict resolutions, to organize new local associations and affiliates, and to coordinate and advocate for National Education Association (NEA) and PSEA programs and priorities

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

Legal Services The PSEA Legal Division is responsible for providing legal services as needed to PSEA's 191,000 members and to over 1,000 PSEA local affiliates PSEA attorneys, who are either on staff or are retained, represent locals with respect to bargaining and contract issues and represent members in all employment-related matters Each year, the attorneys collectively handle over 1,000 cases In addition, the Legal Division provides counsel and advice to staff within PSEA including field staff, lobbyists, educational specialists, and financial management staff The Legal Division also provides advice and legal opinions in PSEA governance matters and is responsible for all representation of PSEA as a legal entity The Legal Division is responsible for meeting all requirements of the NEA Unified Legal Services Program, which partially reimburses PSEA for its attorneys fees in certain cases The Legal Division coordinates a number of programs for PSEA including the Educators Employment Liability program and the Association's Liability Insurance policy

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

Communications Services The Communications Division supports and promotes all Association activities, projects and programs through internal and external communications activities The division provides core services, including print and electronic publications, strategic message management, news media relations, advertising, membership materials, and leadership communications Communications writes and produces the following publications Voice, the all-member magazine, distributed to all members, 6 times a year, Connected, the all-member e-newsletter, distributed to about 119,000 members, monthly, and President To President, an e-newsletter from the PSEA President to local presidents, distributed to about 1,000 local leaders, monthly Communications also publishes other membership materials, and is responsible for arts and graphics materials for the entire organization Staff provides sophisticated, researched, data-driven internal and external programs Communications helps build and strengthen relationships with PSEA members, the public, and other members of the education and labor communities

4d Other program services (Describe in Schedule O )

(Expenses $ including grants of $ ) (Revenue $ )

4e **Total program service expenses**▶$

**Part IV Checklist of Required Schedules**

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | | No |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | No |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | | No |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II* | 4 | | |
| 5 | **Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III* | 5 | Yes | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I* | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II* | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV* | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V* | 10 | | No |
| 11 | Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.* | 11 | Yes | |
| | • Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.* | | | |
| | • Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.* | | | |
| | • Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.* | | | |
| | • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.* | | | |
| | • Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.* | | | |
| | • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.* | | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII* | 12 | | No |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? (Yes / No) *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — 12A: Yes | | | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I* | 14b | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II* | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III* | 16 | | No |
| 17 | Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* | 17 | | No |
| 18 | Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II* | 18 | | No |
| 19 | Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III* | 19 | | No |
| 20 | Did the organization operate one or more hospitals? *If "Yes," complete Schedule H* | 20 | | No |

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

| | | Line | Yes | No |
|---|---|---|---|---|
| 21 | Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II* | 21 | Yes | |
| 22 | Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III* | 22 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25* | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | **Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I* | 25a | | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I* | 25b | | |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II* | 26 | Yes | |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III* | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| a | A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | 28b | | No |
| c | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV* | 28c | | No |
| 29 | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I* | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1* | 34 | Yes | |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* | 35 | Yes | |
| 36 | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI* | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O | 38 | Yes | |

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

| | | | | | Yes | No |
|---|---|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable* | 1a | 245 | | | |
| b | Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable | 1b | 0 | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | | 1c | Yes | |
| 2a | Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return | 2a | 301 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) | | | 2b | Yes | |
| 3a | Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return? | | | 3a | Yes | |
| b | If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O* | | | 3b | Yes | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | 4a | | No |
| b | If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | 5b | | No |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible? | | | 6a | Yes | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | 6b | Yes | |
| 7 | **Organizations that may receive deductible contributions under section 170(c).** | | | | | |
| a | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? | | | 7a | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | 7c | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | 7f | | |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | | | 7g | | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | | | 7h | | |
| 8 | **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | | 8 | | |
| 9 | **Sponsoring organizations maintaining donor advised funds.** | | | | | |
| a | Did the organization make any taxable distributions under section 4966? | | | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | |
| 10 | **Section 501(c)(7) organizations.** Enter | | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| 11 | **Section 501(c)(12) organizations.** Enter | | | | | |
| a | Gross income from members or shareholders | 11a | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) | 11b | | | | |
| 12a | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | | | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | |

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

**Section A. Governing Body and Management**

| | | | | Yes | No |
|---|---|---|---|---|---|
| **1a** | Enter the number of voting members of the governing body . . **1a** 47 | | | | |
| **b** | Enter the number of voting members that are independent . . **1b** 43 | | | | |
| **2** | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | **2** | | | No |
| **3** | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | **3** | | | No |
| **4** | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | **4** | | | No |
| **5** | Did the organization become aware during the year of a material diversion of the organization's assets? | **5** | | | No |
| **6** | Does the organization have members or stockholders? | **6** | | Yes | |
| **7a** | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | **7a** | | Yes | |
| **b** | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | **7b** | | | No |
| **8** | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | | |
| **a** | The governing body? | **8a** | | Yes | |
| **b** | Each committee with authority to act on behalf of the governing body? | **8b** | | Yes | |
| **9** | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | **9** | | | No |

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

| | | | Yes | No |
|---|---|---|---|---|
| **10a** | Does the organization have local chapters, branches, or affiliates? | **10a** | Yes | |
| **b** | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | **10b** | Yes | |
| **11** | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | **11** | Yes | |
| **11A** | Describe in Schedule O the process, if any, used by the organization to review the Form 990 | | | |
| **12a** | Does the organization have a written conflict of interest policy? *If "No," go to line 13* | **12a** | Yes | |
| **b** | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | **12b** | Yes | |
| **c** | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | **12c** | Yes | |
| **13** | Does the organization have a written whistleblower policy? | **13** | Yes | |
| **14** | Does the organization have a written document retention and destruction policy? | **14** | Yes | |
| **15** | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| **a** | The organization's CEO, Executive Director, or top management official | **15a** | Yes | |
| **b** | Other officers or key employees of the organization | **15b** | Yes | |
| | If "Yes" to line a or b, describe the process in Schedule O (See instructions ) | | | |
| **16a** | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | **16a** | | No |
| **b** | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | **16b** | | |

**Section C. Disclosure**

**17** List the States with which a copy of this Form 990 is required to be filed▶

**18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

W GERARD OLEKSIAK TREASURER
400 NORTH 3RD STREET
HARRISBURG, PA 17101
(717) 255-7000

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

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

**1a** Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

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

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| See add'l data | | | | | | | | | | |
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| | | | |
|---|---|---|---|
| **1b Total** . . . . . . . . . . . . . . . . . ▶ | 2,708,585 | 0 | 825,770 |

**2** Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶124

| | | Yes | No |
|---|---|---|---|
| **3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* . . . . . . . . . . . . . . | **3** | Yes | |
| **4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual* . . . . . . . . . . . . . . . . . . . . . . . . . . . | **4** | Yes | |
| **5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person* . . . . . . . . . . . . . | **5** | | No |

## Section B. Independent Contractors

**1** Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

| **(A)** Name and business address | **(B)** Description of services | **(C)** Compensation |
|---|---|---|
| Killian Gephart<br>218 Pine Street<br>HARRISBURG, PA 17101 | LEGAL SERVICES | 258,555 |
| Spencer Gleason Hebe Rague PC<br>17 Central Avenue<br>WELLSBORO, PA 16901 | Legal services | 200,154 |
| William Eckel Esq<br>132 Gazebo Park<br>JONESTOWN, PA 15901 | Legal services | 111,517 |
| | | |
| | | |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶3

**Part VIII Statement of Revenue**

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|---|---|---|---|---|---|---|
| Contributions, gifts, grants and other similar amounts | 1a | Federated campaigns . . | 1a | | | | |
| | b | Membership dues . . . . | 1b | | | | |
| | c | Fundraising events . . . . | 1c | | | | |
| | d | Related organizations . . . | 1d | | | | |
| | e | Government grants (contributions) | 1e | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | | | | |
| | g | Noncash contributions included in lines 1a-1f $ | | | | | |
| | h | **Total.** Add lines 1a-1f . . . . . . . . | | 0 | | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2a | MEMBERSHIP DUES & ASSESSMENT | 900,099 | 55,716,616 | 55,716,616 | | |
| | b | CONFERENCES | 900,099 | 511,901 | 511,901 | | |
| | c | NAT'L EDUCATION ASSOC REIMBURSEMENT | 900,099 | 5,712,572 | 5,712,572 | | |
| | d | AMERICAN FED TEACHERS REIMBURSEMENT | 900,099 | 9,497 | 9,497 | | |
| | e | ADVERTISING | 511,190 | 107,772 | | 107,772 | |
| | f | All other program service revenue | | | | | |
| | g | **Total.** Add lines 2a–2f . . . . . . . . . . | | 62,058,358 | | | |
| Other Revenue | 3 | Investment income (including dividends, interest and other similar amounts) . . . . . | | 1,222,313 | | | 1,222,313 |
| | 4 | Income from investment of tax-exempt bond proceeds . . | | 0 | | | |
| | 5 | Royalties . . . . . . . . . . . . . . | | 288,363 | | | 288,363 |

| | (i) Real | (ii) Personal |
|---|---|---|
| 6a Gross Rents | 32,468 | |
| b Less rental expenses | 47,090 | |
| c Rental income or (loss) | -14,622 | |

| | | (A) | (B) | (C) | (D) |
|---|---|---|---|---|---|
| 6d | Net rental income or (loss) . . . . . . . . | -14,622 | | | -14,622 |

| | (i) Securities | (ii) Other |
|---|---|---|
| 7a Gross amount from sales of assets other than inventory | 13,520,000 | |
| b Less cost or other basis and sales expenses | 13,300,830 | |
| c Gain or (loss) | 219,170 | |

| | | | (A) | (B) | (C) | (D) |
|---|---|---|---|---|---|---|
| 7d | Net gain or (loss) . . . . . . . . . . . . | | 219,170 | | | 219,170 |
| 8a | Gross income from fundraising events (not including $ ______ of contributions reported on line 1c) See Part IV, line 18 . . . | a | | | | |
| b | Less direct expenses . . . | b | | | | |
| c | Net income or (loss) from fundraising events . . | | 0 | | | |
| 9a | Gross income from gaming activities See Part IV, line 19 . . . | a | | | | |
| b | Less direct expenses . . . | b | | | | |
| c | Net income or (loss) from gaming activities . . . | | 0 | | | |
| 10a | Gross sales of inventory, less returns and allowances . | a | | | | |
| b | Less cost of goods sold . . | b | | | | |
| c | Net income or (loss) from sales of inventory . . | | 0 | | | |
| | Miscellaneous Revenue | Business Code | | | | |
| 11a | MEMBERSHIP SERVICES REVENUE | 900,099 | 278,273 | 278,273 | | |
| b | LEGAL FEE RECOVERIES | 900,099 | 83,293 | 83,293 | | |
| c | STRIKE LOAN RECOVERIES | 900,099 | 15,108 | 15,108 | | |
| d | All other revenue . . . . | | 91,778 | 91,778 | | |
| e | **Total.** Add lines 11a–11d . . . . . . . | | 468,452 | | | |
| 12 | **Total revenue.** See Instructions . . . | | 64,242,034 | 62,419,038 | 107,772 | 1,715,224 |

**Part IX Statement of Functional Expenses**

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.**
**All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

| | **Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.** | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|---|---|---|---|
| 1 | Grants and other assistance to governments and organizations in the U S See Part IV, line 21 | 265,165 | | | |
| 2 | Grants and other assistance to individuals in the U S See Part IV, line 22 | 68,045 | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 | 0 | | | |
| 4 | Benefits paid to or for members | 35,696 | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees . . . . | 2,918,282 | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . | 0 | | | |
| 7 | Other salaries and wages | 23,776,724 | | | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . | 4,151,323 | | | |
| 9 | Other employee benefits . . . . . . . | 6,821,007 | | | |
| 10 | Payroll taxes . . . . . . . . . . . . | 1,943,314 | | | |
| 11 | Fees for services (non-employees) | | | | |
| a | Management . . . . . . | 0 | | | |
| b | Legal . . . . . . . . . . | 1,281,576 | | | |
| c | Accounting . . . . . . . . . . . . | 122,980 | | | |
| d | Lobbying . . . . . . . . . . . . | 28,887 | | | |
| e | Professional fundraising *See Part IV, line 17* . . | 0 | | | |
| f | Investment management fees . . . . . . | 38,218 | | | |
| g | Other . . . . . . . . . . . | 761,792 | | | |
| 12 | Advertising and promotion . . . . | 1,075,043 | | | |
| 13 | Office expenses . . . . . . . | 3,279,557 | | | |
| 14 | Information technology . . . . . . | 552,866 | | | |
| 15 | Royalties . . | 0 | | | |
| 16 | Occupancy . . . . . . . . . . . . | 1,532,219 | | | |
| 17 | Travel . . . . . . . . . . . . . . | 2,434,346 | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . . . | 11,590 | | | |
| 19 | Conferences, conventions, and meetings . . . . | 2,646,232 | | | |
| 20 | Interest . . . . . . . . . . . . | 8,921 | | | |
| 21 | Payments to affiliates . . . . . . . | 0 | | | |
| 22 | Depreciation, depletion, and amortization . . . . . | 898,816 | | | |
| 23 | Insurance . . . . . . . . . . . . . . . . | 92,202 | | | |
| 24 | Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below ) | | | | |
| a | LOCAL AFFILIATE DUES REBATES | 763,506 | | | |
| b | TEMPORARY HELP | 298,426 | | | |
| c | MEMBER TRAINING | 254,288 | | | |
| d | REFERENCE MATERIALS | 105,335 | | | |
| e | BANK FEES | 57,888 | | | |
| f | All other expenses | 120,196 | | | |
| 25 | **Total functional expenses.** Add lines 1 through 24f | 56,344,440 | | | |
| 26 | **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

**Part X Balance Sheet**

| | | | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|---|---|
| Assets | 1 | Cash—non-interest-bearing | | | 106,650 | 1 | 234,796 |
| | 2 | Savings and temporary cash investments | | | 20,578,825 | 2 | 28,710,946 |
| | 3 | Pledges and grants receivable, net | | | | 3 | |
| | 4 | Accounts receivable, net | | | 1,161,716 | 4 | 1,197,137 |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | | 2,217 | 5 | 1,087 |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L | | | 0 | 6 | 0 |
| | 7 | Notes and loans receivable, net | | | | 7 | |
| | 8 | Inventories for sale or use | | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | | 1,443,542 | 9 | 1,658,693 |
| | 10a | Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* | 10a | 23,173,993 | | | |
| | b | Less accumulated depreciation | 10b | 15,644,908 | 8,310,309 | 10c | 7,529,085 |
| | 11 | Investments—publicly traded securities | | | 39,811,553 | 11 | 34,778,118 |
| | 12 | Investments—other securities See Part IV, line 11 | | | | 12 | |
| | 13 | Investments—program-related See Part IV, line 11 | | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | | 382,222 | 15 | 200,436 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | | | 71,797,034 | 16 | 74,310,298 |
| Liabilities | 17 | Accounts payable and accrued expenses | | | 63,999,365 | 17 | 67,161,646 |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | 2,160,822 | 19 | 2,344,625 |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability *Complete Part IV of Schedule D* | | | | 21 | |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L* | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | | 24 | |
| | 25 | Other liabilities Complete Part X of Schedule D | | | 4,386,255 | 25 | 4,542,543 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | | 70,546,442 | 26 | 74,048,814 |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.** | | | | | |
| | 27 | Unrestricted net assets | | | 1,250,592 | 27 | 261,484 |
| | 28 | Temporarily restricted net assets | | | | 28 | |
| | 29 | Permanently restricted net assets | | | | 29 | |
| | | **Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.** | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | | 32 | |
| | 33 | Total net assets or fund balances | | | 1,250,592 | 33 | 261,484 |
| | 34 | Total liabilities and net assets/fund balances | | | 71,797,034 | 34 | 74,310,298 |

## Part XI Financial Statements and Reporting

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other ______<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? . . | | 2a | | No |
| b | Were the organization's financial statements audited by an independent accountant? . . . . . . . . . | | 2b | Yes | |
| c | If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . . | | 2c | Yes | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both<br>☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . . . . . . . . . . . . . | | 3a | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . | | 3b | | |

**Additional Data**

**Software ID:**
**Software Version:**
**EIN:** 23-0961125
**Name:** Pennsylvania State Education Association

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

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| James Testerman<br>President | 60 0 | X | | X | | | | 140,692 | 0 | 62,733 |
| Michael Crossey<br>Vice President | 60 0 | X | | X | | | | 64,421 | 0 | 35,656 |
| W Gerard Oleksiak<br>Treasurer | 60 0 | X | | X | | | | 44,206 | 0 | 36,956 |
| Bradley Siegfried<br>DIRECTOR | 7 0 | X | | | | | | 7,440 | 0 | 0 |
| Susan Lemmo<br>DIRECTOR | 7 0 | X | | | | | | 2,480 | 0 | 0 |
| Dina McGee<br>DIRECTOR | 7 0 | X | | | | | | 7,440 | 0 | 0 |
| Trina Smith<br>DIRECTOR | 7 0 | X | | | | | | 7,440 | 0 | 0 |
| Richard Milne<br>DIRECTOR | 7 0 | X | | | | | | 7,440 | 0 | 0 |
| Barbara Sipler<br>DIRECTOR | 7 0 | X | | | | | | 7,440 | 0 | 0 |
| Wendy Kushner<br>DIRECTOR | 7 0 | X | | | | | | 7,440 | 0 | 0 |
| Dawn Bandle<br>DIRECTOR | 7 0 | X | | | | | | 13,688 | 0 | 0 |
| Norbert Paunovich<br>DIRECTOR | 7 0 | X | | | | | | 7,440 | 0 | 0 |
| Linda White<br>DIRECTOR | 7 0 | X | | | | | | 7,440 | 0 | 0 |
| Dolores McCracken<br>DIRECTOR | 7 0 | X | | | | | | 7,440 | 0 | 0 |
| Marc Howshall<br>DIRECTOR | 7 0 | X | | | | | | 7,440 | 0 | 0 |
| James Sando<br>DIRECTOR | 7 0 | X | | | | | | 7,440 | 0 | 0 |
| Linda Weaver<br>DIRECTOR | 7 0 | X | | | | | | 7,440 | 0 | 0 |
| Donna Milner<br>DIRECTOR | 7 0 | X | | | | | | 7,440 | 0 | 0 |
| Terri Majors<br>DIRECTOR | 7 0 | X | | | | | | 7,440 | 0 | 0 |
| Anthony Stagno<br>DIRECTOR | 7 0 | X | | | | | | 7,440 | 0 | 0 |
| Boyd Weiss<br>DIRECTOR | 7 0 | X | | | | | | 7,440 | 0 | 0 |
| Glen Galante<br>DIRECTOR | 7 0 | X | | | | | | 7,440 | 0 | 0 |
| Fran Gerchman<br>DIRECTOR | 7 0 | X | | | | | | 7,440 | 0 | 0 |
| Mary Lou DeLuca<br>DIRECTOR | 7 0 | X | | | | | | 7,440 | 0 | 0 |
| Kevin Kantz<br>DIRECTOR | 7 0 | X | | | | | | 7,440 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| Linda Cook<br>DIRECTOR | 7 0 | X | | | | | | 7,440 | 0 | 0 |
| Nancy Kennedy<br>DIRECTOR | 7 0 | X | | | | | | 7,440 | 0 | 0 |
| Thomas Beccone<br>DIRECTOR | 7 0 | X | | | | | | 7,440 | 0 | 0 |
| Tamzen Butler<br>DIRECTOR | 7 0 | X | | | | | | 7,440 | 0 | 0 |
| Mary Wills<br>DIRECTOR | 7 0 | X | | | | | | 7,440 | 0 | 0 |
| Susan Grimm McCoy<br>DIRECTOR | 7 0 | X | | | | | | 7,440 | 0 | 0 |
| Richard Askey<br>DIRECTOR | 7 0 | X | | | | | | 7,540 | 0 | 0 |
| Joyce Snyder<br>DIRECTOR | 7 0 | X | | | | | | 2,480 | 0 | 0 |
| Frederick Berestecky<br>DIRECTOR | 7 0 | X | | | | | | 7,440 | 0 | 0 |
| Donald Grenaldo<br>DIRECTOR | 7 0 | X | | | | | | 7,440 | 0 | 0 |
| Marylou Stefanko<br>DIRECTOR | 7 0 | X | | | | | | 7,440 | 0 | 0 |
| Debra Turici<br>DIRECTOR | 7 0 | X | | | | | | 7,440 | 0 | 0 |
| Regis Laughlin<br>Director | 7 0 | X | | | | | | 7,440 | 0 | 0 |
| Susan Jones<br>Director | 7 0 | X | | | | | | 7,440 | 0 | 0 |
| Susan Dillon<br>Director | 7 0 | X | | | | | | 7,440 | 0 | 0 |
| Timothy Graham<br>Director | 7 0 | X | | | | | | 7,440 | 0 | 0 |
| Valerie Brown<br>Director | 7 0 | X | | | | | | 7,440 | 0 | 0 |
| Grace Bekaert<br>Director | 7 0 | X | | | | | | 7,440 | 0 | 0 |
| Richard Bioteau<br>Director | 7 0 | X | | | | | | 7,440 | 0 | 0 |
| Sam Talarico<br>Director | 7 0 | X | | | | | | 2,480 | 0 | 0 |
| Teresa Redwinski<br>Director | 7 0 | X | | | | | | 2,480 | 0 | 0 |
| Marsha Fabian<br>Director | 7 0 | X | | | | | | 2,480 | 0 | 0 |
| John Springer<br>Executive Director | 60 0 | | | | X | | | 181,822 | 0 | 53,813 |
| George Hughes<br>AED for Field Operations | 65 0 | | | | X | | | 160,843 | 0 | 54,152 |
| David Wazeter<br>AED for Program Services | 60 0 | | | | X | | | 156,579 | 0 | 80,979 |

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

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (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 | | | |
| Gerard Brandon<br>AED for Human Resources | 60 0 | | | | X | | | 158,804 | 0 | 51,217 |
| Lynne Wilson<br>General Counsel | 60 0 | | | | X | | | 167,422 | 0 | 59,268 |
| Linda Morrow<br>AED for Administrative Srvcs | 60 0 | | | | X | | | 154,722 | 0 | 78,909 |
| Cindy Hake<br>AED for IT | 60 0 | | | | X | | | 151,099 | 0 | 78,818 |
| Marcia Bender<br>Region Field Director | 60 0 | | | | | X | | 182,222 | 0 | 46,669 |
| Robert Creveling<br>UniServ Representative | 60 0 | | | | | X | | 173,825 | 0 | 45,736 |
| Lonnie Luna<br>UniServ Representative | 60 0 | | | | | X | | 171,946 | 0 | 45,462 |
| Harris Zwerling<br>Assistant Director of Research | 60 0 | | | | | X | | 167,711 | 0 | 46,325 |
| Carlin Wenger<br>Field Manager | 60 0 | | | | | X | | 156,846 | 0 | 28,199 |
| Carolyn Dumaresq<br>Former Executive Director | | | | | | | X | 166,517 | 0 | 20,878 |

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

| | Business Code | (A) Total Revenue | (B) Related or Exempt Function Revenue | (C) Unrelated Business Revenue | (D) Revenue Excluded from Tax under IRC 512, 513, or 514 |
|---|---|---|---|---|---|
| MEMBERSHIP DUES & ASSESSMENT | 900,099 | 55,716,616 | 55,716,616 | | |
| CONFERENCES | 900,099 | 511,901 | 511,901 | | |
| NAT'L EDUCATION ASSOC REIMBURSEMENT | 900,099 | 5,712,572 | 5,712,572 | | |
| AMERICAN FED TEACHERS REIMBURSEMENT | 900,099 | 9,497 | 9,497 | | |
| ADVERTISING | 511,190 | 107,772 | | 107,772 | |

## Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

| *Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.* | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|---|---|---|
| LOCAL AFFILIATE DUES REBATES | 763,506 | | | |
| TEMPORARY HELP | 298,426 | | | |
| MEMBER TRAINING | 254,288 | | | |
| REFERENCE MATERIALS | 105,335 | | | |
| BANK FEES | 57,888 | | | |

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

Department of the Treasury
Internal Revenue Service

# Political Campaign and Lobbying Activities

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

**▶ Complete if the organization is described below.**
**▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

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

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

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

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

**If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then**

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

| Name of the organization | Employer identification number |
|---|---|
| Pennsylvania State Education Association | 23-0961125 |

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

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

2 Political expenditures ▶ $

3 Volunteer hours

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

| **(a)** Name | **(b)** Address | **(c)** EIN | **(d)** Amount paid from filing organization's funds If none, enter -0- | **(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Part II-A** **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check ☐ if the filing organization belongs to an affiliated group

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

| **Limits on Lobbying Expenditures** (The term "expenditures" means amounts paid or incurred.) | **(a)** Filing Organization's Totals | **(b)** Affiliated Group Totals |
|---|---|---|
| **1a** Total lobbying expenditures to influence public opinion (grass roots lobbying) | | |
| **b** Total lobbying expenditures to influence a legislative body (direct lobbying) | | |
| **c** Total lobbying expenditures (add lines 1a and 1b) | | |
| **d** Other exempt purpose expenditures | | |
| **e** Total exempt purpose expenditures (add lines 1c and 1d) | | |
| **f** Lobbying nontaxable amount Enter the amount from the following table in both columns | | |

| **If the amount on line 1e, column (a) or (b) is:** | **The lobbying nontaxable amount is:** |
|---|---|
| Not over $500,000 | 20% of the amount on line 1e |
| Over $500,000 but not over $1,000,000 | $100,000 plus 15% of the excess over $500,000 |
| Over $1,000,000 but not over $1,500,000 | $175,000 plus 10% of the excess over $1,000,000 |
| Over $1,500,000 but not over $17,000,000 | $225,000 plus 5% of the excess over $1,500,000 |
| Over $17,000,000 | $1,000,000 |

| | (a) | (b) |
|---|---|---|
| **g** Grassroots nontaxable amount (enter 25% of line 1f) | | |
| **h** Subtract line 1g from line 1a If zero or less, enter -0- | | |
| **i** Subtract line 1f from line 1c If zero or less, enter -0- | | |

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

**4-Year Averaging Period Under Section 501(h)**
**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)**

**Lobbying Expenditures During 4-Year Averaging Period**

| **Calendar year (or fiscal year beginning in)** | **(a)** 2006 | **(b)** 2007 | **(c)** 2008 | **(d)** 2009 | **(e)** Total |
|---|---|---|---|---|---|
| **2a** Lobbying non-taxable amount | | | | | |
| **b** Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| **c** Total lobbying expenditures | | | | | |
| **d** Grassroots non-taxable amount | | | | | |
| **e** Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| **f** Grassroots lobbying expenditures | | | | | |

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

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

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

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

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

| | | | |
|---|---|---|---|
| 1 | Dues, assessments and similar amounts from members | 1 | 55,716,616 |
| 2 | Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).** | | |
| a | Current year | 2a | 3,724,985 |
| b | Carryover from last year | 2b | |
| c | Total | 2c | 3,724,985 |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | 3,342,997 |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | 381,988 |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

**Part IV** **Supplemental Information**

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

| Identifier | Return Reference | Explanation |
|---|---|---|
| SUPPLEMENTAL INFORMATION | | PSEA established the PSEA-PACE for State Elections political action committee (PACE) for the purpose of contributing to the campaigns of candidates for state and local offices and making independent expenditures to support candidates for state and local offices in order to elect public officials who are committed to the welfare of children, public education, and PSEA members, and to quality health care for Pennsylvania's citizens PACE is a section 527(f)(3) separate segregated fund that is subject to its own filing requirements and therefore files a separate 990 return PACE is funded by voluntary contributions from members and employees Requests for contributions include an express statement that such contributions are not tax deductible as charitable contributions for federal and state income tax purposes PSEA pays expenses related to issues based lobbying on behalf of its members, communicating with its members in support or opposition of a candidate, and PACE fundraising and administrative expenses These expenses are reported in Part III-B of Schedule C In addition, PSEA provides administrative support to PACE which is documented through an administrative services agreement |

**SCHEDULE D**
(Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
**2009**
**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| Pennsylvania State Education Association | 23-0961125 |

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

| | | | Held at the End of the Year |
|---|---|---|---|
| a | Total number of conservation easements | 2a | |
| b | Total acreage restricted by conservation easements | 2b | |
| c | Number of conservation easements on a certified historic structure included in (a) | 2c | |
| d | Number of conservation easements included in (c) acquired after 8/17/06 | 2d | |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶________

4 Number of states where property subject to conservation easement is located ▶________

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

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶________

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ ________

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ ________

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ________

b Assets included in Form 990, Part X ▶ $ ________

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

3 Using the organization's 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 XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

| | | Amount |
|---|---|---|
| c Beginning balance | 1c | |
| d Additions during the year | 1d | |
| e Distributions during the year | 1e | |
| f Ending balance | 1f | |

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to 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 Investment earnings or 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 year end balance held as

a Board designated or quasi-endowment ▶ %

b Permanent endowment ▶ %

c Term endowment ▶ %

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" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | | |

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|---|---|---|---|
| 1a Land | | 1,257,308 | | 1,257,308 |
| b Buildings | | 15,120,310 | 9,750,902 | 5,369,408 |
| c Leasehold improvements | | | | |
| d Equipment | | 6,619,281 | 5,793,650 | 825,631 |
| e Other | | 177,094 | 100,356 | 76,738 |
| **Total.** Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶ | | | | 7,529,085 |

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|---|---|
| Financial derivatives | | |
| Closely-held equity interests | | |
| Other | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Total.** *(Column (b) should equal Form 990, Part X, col (B) line 12 )* ▶ | | |

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

| (a) Description of investment type | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Total.** *(Column (b) should equal Form 990, Part X, col (B) line 13 )* ▶ | | |

**Part IX Other Assets.** See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . . . . . . . ▶ | |

**Part X Other Liabilities.** See Form 990, Part X, line 25.

| 1 (a) Description of Liability | (b) Amount |
|---|---|
| Federal Income Taxes | 0 |
| UNREMITTED NEA DUES | 3,461,133 |
| DEFERRED COMPENSATION | 1,081,410 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) should equal Form 990, Part X, col (B) line 25 )* ▶ | 4,542,543 |

**2.** Fin 48 Footnote In Part XIV, 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

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

| | | | |
|---|---|---|---|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 64,242,034 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 56,344,440 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 7,897,594 |
| 4 | Net unrealized gains (losses) on investments | 4 | 1,498,845 |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | -10,291,388 |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | -8,792,543 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | -894,949 |

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

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 65,882,128 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | | |
| a | Net unrealized gains on investments | 2a | 1,498,845 | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIV) | 2d | 94,159 | | |
| e | Add lines **2a** through **2d** | | | 2e | 1,593,004 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 64,289,124 |
| 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 XIV) | 4b | -47,090 | | |
| c | Add lines **4a** and **4b** | | | 4c | -47,090 |
| 5 | Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12 ) | | | 5 | 64,242,034 |

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 56,391,530 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | | |
| a | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIV) | 2d | 47,090 | | |
| e | Add lines **2a** through **2d** | | | 2e | 47,090 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 56,344,440 |
| 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 XIV) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18 ) | | | 5 | 56,344,440 |

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

| Identifier | Return Reference | Explanation |
|---|---|---|
| SCHEDULE D, PART X, LINE 2 | INCOME TAXES | The Association adopted Financial Accounting Standards Board (FASB) Interpretation No 48, Accounting for Uncertainty in Income Taxes (FIN 48), included in ASC Subtopic 740-10, Income Taxes - Overall, on Septermber 1, 2009 FIN 48 addresses the accounting for uncertainties in income taxes recognized in an enterprise's financial statements and prescribes a more-likely-than-not threshold for recognition and de-recognition of tax positions taken in a tax return The Interpretation also provides related guidance on measurement, classification, interest and penalties, and disclosure There was no material impact to the Association's financial statements as a result of the adoption |
| SCHEDULE D, PART XI, LINE 8 | | NET INCOME/LOSS FROM HEALTHCARE-PSEA 94,159 EFFECT OF PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST ($8,771,912) EFFECT OF POST RETIREMENT CHANGES OTHER THAN NET PERIODIC BENEFIT COST ($1,613,635) ------------ TOTAL (10,291,388) =========== |
| SCHEDULE D, PART XII, LINE 2D | | NET INCOME/LOSS FROM HEALTHCARE-PSEA 94,159 SCHEDULE D, PART XII, LINE 4B EXPENSES PAID OR INCURRED IN CONNECTION WITH THE RENTAL PROPERTY (RECLASS) (47,090) |
| SCHEDULE D, PART XIII, LINE 2D | | EXPENSES PAID OR INCURRED IN CONNECTION WITH THE RENTAL PROPERTY (RECLASS) $47,090 |

**Schedule I (Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization
Pennsylvania State Education Association

**Employer identification number**
23-0961125

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☑ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| Pennsylvania AFL-CIO 319 Market Street Harrisburg, PA 17101 | 231575065 | 501(c)(5) | 50,000 | | | | Clear Coalition Fund Support |
| Keystone Research Center Inc412 North Third Street Harrisburg, PA 17101 | 251776998 | 501(c)(3) | 31,200 | | | | GENERAL SUPPORT |
| Keystone Progress1500 N 2nd Street Harrisburg, PA 17102 | 264165741 | 501(C)(4) | 7,500 | | | | Progressive Summit |
| Rose Tree Media EAPO Box 601 Chadds Ford, PA 19317 | 232663250 | 501(C)(5) | 6,000 | | | | Local Assistance |
| Economics Pennsylvania 123 N Market St Selinsgrove, PA 17870 | 232063626 | 501(C)(3) | 10,000 | | | | Education Program |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations ▶ 2

3 Enter total number of other organizations ▶ 3

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) 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 |
|---|---|---|---|---|---|
| Retirement & Welfare Grants | 23 | 30,000 | | | |
| Member Assistance Grants | 11 | 19,200 | | | |
| Political action committee fundraising prizes | 65 | 15,065 | | | |
| Region art contest prizes | 20 | 1,750 | | | |
| Innovative Teaching Grants | 1 | 1,000 | | | |
| Student Convention Prizes | 13 | 1,030 | | | |
| | | | | | |

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

| Identifier | Return Reference | Explanation |
|---|---|---|
| SCHEDULE I, PART I, LINE 2 | | The Association provides grants and other forms of assistance to various charities, labor organizations, and members These grant programs include, but are not limited to the following local involvement, fair share, internal organizing, strength & vitality, local assistance, member assistance, retirement & welfare, and innovative teaching grants Each grant program has specific eligibility requirements that must be met prior to the awarding of the grant In addition, certain grants require supporting documentation with regard to the use of the grant funds such as providing receipts and an evaluation of the program Other forms of assistance consist of donations, contributions, and sponsorships to other non-profit entities for general support or in support of efforts committed to public education |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493102003191 |
|---|---|---|

**Schedule J** (Form 990)

Department of the Treasury
Internal Revenue Service

# Compensation Information

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

OMB No 1545-0047

**2009**

**Open to Public Inspection**

| **Name of the organization** | **Employer identification number** |
|---|---|
| Pennsylvania State Education Association | 23-0961125 |

## Part I Questions Regarding Compensation

| | | | Yes | No |
|---|---|---|---|---|
| **1a** | Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items<br>☐ First-class or charter travel ☑ Housing allowance or residence for personal use<br>☑ Travel for companions ☐ Payments for business use of personal residence<br>☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees<br>☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef) | | | |
| **b** | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain | **1b** | Yes | |
| **2** | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? | **2** | Yes | |
| **3** | Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply<br>☑ Compensation committee ☑ Written employment contract<br>☐ Independent compensation consultant ☑ Compensation survey or study<br>☐ Form 990 of other organizations ☑ Approval by the board or compensation committee | | | |
| **4** | During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization | | | |
| **a** | Receive a severance payment or change-of-control payment? | **4a** | | No |
| **b** | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | **4b** | | No |
| **c** | Participate in, or receive payment from, an equity-based compensation arrangement?<br>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | **4c** | | No |
| | **Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.** | | | |
| **5** | For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of | | | |
| **a** | The organization? | **5a** | | |
| **b** | Any related organization?<br>If "Yes," to line 5a or 5b, describe in Part III | **5b** | | |
| **6** | For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of | | | |
| **a** | The organization? | **6a** | | |
| **b** | Any related organization?<br>If "Yes," to line 6a or 6b, describe in Part III | **6b** | | |
| **7** | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III | **7** | | |
| **8** | Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III | **8** | | |
| **9** | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? | **9** | | |

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

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

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

| (A) Name | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|---|---|---|---|---|---|---|---|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| James Testerman | (i) | 118,312 | 0 | 22,380 | 49,868 | 12,865 | 203,425 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| John Springer | (i) | 167,347 | 0 | 14,475 | 27,554 | 26,259 | 235,635 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Carolyn Dumaresq | (i) | 0 | 0 | 166,517 | 9,491 | 11,387 | 187,395 | 164,513 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| George Hughes | (i) | 148,061 | 0 | 12,782 | 32,136 | 22,016 | 214,995 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| David Wazeter | (i) | 147,413 | 0 | 9,166 | 60,757 | 20,222 | 237,558 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Gerard Brandon | (i) | 148,061 | 0 | 10,743 | 30,345 | 20,872 | 210,021 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Lynne Wilson | (i) | 158,451 | 0 | 8,971 | 36,991 | 22,277 | 226,690 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Linda Morrow | (i) | 143,517 | 0 | 11,205 | 58,725 | 20,184 | 233,631 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Cindy Hake | (i) | 143,516 | 0 | 7,583 | 58,452 | 20,366 | 229,917 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Marcia Bender | (i) | 129,878 | 0 | 52,344 | 27,195 | 19,474 | 228,891 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Robert Creveling | (i) | 123,862 | 0 | 49,963 | 26,299 | 19,437 | 219,561 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Lonnie Luna | (i) | 123,351 | 0 | 48,595 | 25,794 | 19,668 | 217,408 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Harris Zwerling | (i) | 123,351 | 0 | 44,360 | 25,717 | 20,608 | 214,036 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Carlin Wenger | (i) | 145,463 | 0 | 11,383 | 8,964 | 19,235 | 185,045 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | |
| | | | | | | | | |

**Part III Supplemental Information**

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

| Identifier | Return Reference | Explanation |
|---|---|---|
| SCHEDULE J, PART I | Compensation | Regarding travel for companions, PSEA Fiscal Policy states that "the Executive Officers (President, Vice President, and Treasurer) shall have the payment of expenses for spouse or guest attending two state Houses of Delegates and one national Representative Assembly borne by the Association An amount equal to the expenses paid for the attending spouse or guest shall be included in the Officer's taxable income " Regarding residence for personal use, PSEA Fiscal Policy states that "the Executive Officers shall each be provided the opportunity annually to elect to occupy one of the apartments owned by PSEA during the term of their office An amount equal to the annual fair market rental value of the apartment shall be included in the Officer's taxable income, if he or she elects to occupy the apartment " Two of the Executive Officers, Michael Crossey and W Gerard Oleksiak, had amounts included in their 2009 taxable income for PSEA provided apartments |

**Schedule L**
**(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

# Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

**2009**

**Open to Public Inspection**

**Name of the organization**
Pennsylvania State Education Association

**Employer identification number**
23-0961125

## Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

| 1 (a) Name of disqualified person | (b) Description of transaction | (c) Corrected? Yes | No |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

## Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

| (a) Name of interested person and purpose | (b) Loan to or from the organization? To | From | (c) Original principal amount | (d) Balance due | (e) In default? Yes | No | (f) Approved by board or committee? Yes | No | (g) Written agreement? Yes | No |
|---|---|---|---|---|---|---|---|---|---|---|
| W Gerard Oleksiak PERSONAL COMPUTER | | X | 561 | 270 | | No | Yes | | Yes | |
| George Hughes PERSONAL COMPUTER | | X | 1,700 | 817 | | No | Yes | | Yes | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total . . . . . ▶ $ | | | | 1,087 | | | | | | |

## Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of grant or type of assistance |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

## Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? Yes | No |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
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**Additional Data**

Software ID:
Software Version:
EIN: 23-0961125
Name: Pennsylvania State Education Association

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493102003191

**SCHEDULE O** (Form 990)

Department of the Treasury
Internal Revenue Service

## Supplemental Information to Form 990

**Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.**
**▶ Attach to Form 990.**

OMB No 1545-0047
**2009**
**Open to Public Inspection**

**Name of the organization**
Pennsylvania State Education Association

**Employer identification number**
23-0961125

| Identifier | Return Reference | Explanation |
|---|---|---|
| Form 990, Part VI, Line 1a | Voting rights | Under the PSEA Constitution and Bylaws, the voting members of the Board of Directors are as follows the Executive Officers, the Region and PSEA-Retired representatives and the state representatives on the National Education Association (NEA) board of directors The non-voting members of the Board of Directors are as follows the presidents of the departments, the chairperson of the Council on Instruction and Professional Development, the president of Student PSEA, and an ethnic minority representative |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Form 990, Part VI, Line 6 | Organization Members | Membership, as provided in the Constitution and bylaws, shall be available to persons actively engaged in the profession of teaching or in other educational work in Pennsylvania, to students preparing for the profession of teaching, to persons retired from educational work, and to persons interested in advancing the cause of public education |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Form 990, Part VI, Line 7a | Governing Body Election Process | PSEA is governed by its constitution and bylaws, standing rules, and such other actions as the House of Delegates and the board of directors, the two governing bodies, may take which are consistent with those governing documents The governance structure of PSEA also includes regions and local associations Local association officers and delegates to Region Houses of Delegates and the PSEA House of Delegates are elected through open nominations, by secret ballot, by majority vote, and in conformity with the one person one vote principle Each region is entitled to one representative on the board of directors for every 4,500 active members within the region, provided however that each region will have at least 2 representatives and no more than 5 representatives Each region representative on the board of directors shall be elected at an annual Region House of Delegates or by direct vote of the region membership through open nomination, by majority vote, and by secret ballot Region representatives who are elected as local delegates or by direct vote of the region membership are entitled to full delegate status at the PSEA House of Delegates, otherwise, they may vote at the House, but not with respect to dues or the election of the PSEA Executive Officers or the NEA board of directors |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Form 990, Part VI, Line 11A | Form 990 Review Process | The audit committee of the Board of Directors reviews a draft of the Form 990 with management After the audit committee reviews the form 990 and prior to its filing with the taxing authority, it will be distributed electronically to all voting and non-voting members of the board of directors |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Form 990, Part VI, Line 12c | Conflict of Interest Policy Monitoring | The Association has a conflict of interest policy that covers the following individuals executive officers, officers, board members, elected or appointed individuals to an Association committee, commission, board, or task force, and employees The Association's conflict of interest policy requires executive officers, officers, board members, and employees that are members of management to review the policy and disclose any possible personal, familial, and/or business relationships that could give rise to a conflict of interest On an annual basis, these individuals will either disclose such relationships or indicate that no such relationships exist on a statement of disclosure The statements of disclosure are reviewed by members of management and selected employees If a conflict is perceived to exist, the matter involving an executive officer, officer, board member, or elected or appointed individual to an Association committee, commission, board, or task force is turned over to the chairperson of the professional rights and responsibilities commission ("commission") The commission shall select three PSEA association members to serve as an investigation committee The investigation committee will investigate the charge and incorporate its findings and conclusions into a written report which will be submitted to the commission The commission will have the final decision as to whether a conflict does in fact exist Although Association employees other than employees that are members of management do not complete an annual statement of disclosure, the executive director of the Association has the responsibility to implement and enforce the conflict of interest policy for matters involving any employees The executive director's responsibility includes determining whether a conflict exists and resolving any questions that may arise regarding the interpretation or application of any provision of the policy The executive director may also take corrective action to deal with any violations of the policy When a conflict is determined to exist, the executive director or the commission will submit a report to the individual involved stating one of the following (1) that such individual is prohibited from participating in any discussion or deliberation and decision regarding the transaction or (2) that the executive director/commission is recommending a method for eliminating the conflict The individual will have a reasonable period of time to comply with the recommendation for eliminating the conflict If the individual does not comply, then he or she may be removed or impeached from their position as provided for in the PSEA constitution and bylaws |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Form 990, Part VI, Line 15 | Executive Compensation Review | Compensation for officers and key employees is set by the personnel committee and then approved by the board of directors Compensation for officers, the executive director, and program managers is documented in written employment contracts The salaries for officers and senior management team members are based on a differential from the highest bargaining unit salary The process for determining officers and key employees compensation includes a review of comparability data Comparison data from other NEA state affiliates is collected and summarized by an external consulting firm This data is then made available to the personnel committee for their consideration The deliberation process and outcome is documented in the personnel committee meeting files |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Form 990, Part VI, LINE 19 | DOCUMENT AVAILABILITY TO THE PUBLIC | The Association's governing documents, conflict of interest policy and financial statements are available to the public upon request |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Form 990, Part VII | Compensation | PSEA's Executive Officers (President, Vice President, and Treasurer) and two region officers are on leave of absence from their school district positions while they serve as full-time officers of PSEA Part of these individuals' compensation (salaries and benefits) is paid directly by the school district and then reimbursed by PSEA and part of their compensation is paid directly by PSEA The part of their total compensation that is paid directly by the school district is not reported on Form 990, Part VII since it is not included in the Form W-2 issued by PSEA |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Schedule L, Part II | Loans to and/or from Interested Persons | Loans to employees for the purchase of personal computers are awarded in accordance with the PSEA Employee Computer Purchase Policy that was previously approved by the PSEA Board of Directors The maximum amount of a loan permissible under the policy is $2,000 |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Schedule R, Part V | Transactions with Related Organizations | Performance of services or membership or fundraising solicitations for other organizations - PSEA provides services to related organizations such as administrative and technical support, accounting and financial reporting services, information technology support and management consulting In addition, PSEA does engage in fundraising and solicitation activities for PSEA-PACE for State Elections and for the Lucy A Valero Memorial Scholarship Trust PSEA provides these services free of charge These services are documented through a management services agreement between PSEA and the related organization The management services agreements were approved by the Board of Directors and are documented in accordance with fiscal policy PSEA has entered into an affiliation agreement with HealthCare-PSEA whereby PSEA provides services to HealthCare-PSEA in exchange for an amount equivalent to the annual PSEA dues rate for each HealthCare-PSEA member In exchange for this fee, PSEA provides to HealthCare-PSEA members all benefits that are provided to members of PSEA including but not limited to legal services, membership processing, maintenance of accounting procedures, research, government relations, communications assistance, organizing and field staff services PSEA also provides administrative services necessary for the maintenance and operation of HealthCare-PSEA Sharing of facilities and equipment - PSEA shares its office space and equipment with the PSEA Health & Welfare Fund PSEA does not charge a fee for this usage, as set forth in the management services agreement Sharing of paid employees - The PSEA Health & Welfare Fund has no employees The Fund contracts with PSEA to provide administrative services Certain PSEA employees dedicate all or a portion of their time to the activities of the Fund PSEA is reimbursed by the Fund for the salary and benefits of those PSEA employees who are assigned to the PSEA Health and Welfare Fund |

**SCHEDULE R (Form 990)**

Department of the Treasury
Internal Revenue Service

# Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

**2009**

**Open to Public Inspection**

**Name of the organization**
Pennsylvania State Education Association

**Employer identification number**
23-0961125

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

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

## 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 |
|---|---|---|---|---|---|
| PSEA Health & Welfare Fund<br>400 North Third Street<br>Harrisburg, PA 17101<br>23-2121745 | Benefits | PA | 501(c)(9) | N/A | NA |
| PSEA-PACE for State Elections<br>400 North Third Street<br>Harrisburg, PA 17101<br>23-2116856 | PAC | PA | 527 | N/A | NA |
| PSEA Retiree Benefit Trust<br>400 North Third Street<br>Harrisburg, PA 17101<br>25-6862258 | Benefits | PA | 501(c)(9) | N/A | NA |
| Lucy A Valero Memorial Scholarship Trust<br>c/o Mellon Bank NA PO Box 185<br>Pittsburgh, PA 15230<br>23-2225710 | Scholarships | PA | 501(c)(3) | PF | NA |
| PSEA Education Foundation<br>400 North Third Street<br>Harrisburg, PA 17101<br>31-1649860 | Education | PA | 501(c)(3) | 9 | NA |
| HealthCare - PSEA<br>400 NORTH THIRD STREET<br>HARRISBURG, PA 17101<br>27-0648795 | MEMBER SRVCS | PA | 501(C)(6) | n/a | N/A |
| | | | | | |

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

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

**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 |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |

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

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

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

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

| (a) Name of other organization | (b) Transaction type(a-r) | (c) Amount involved |
|---|---|---|
| **(1)** PSEA Health & Welfare Fund | N | 582,312 |
| **(2)** PSEA Health & Welfare Fund | P | 15,694 |
| **(3)** HEALTHCARE - PSEA | K | 278,273 |
| **(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) Are all partners section 501(c)(3) organizations? | | (e) Share of end-of-year assets | (f) Disproprtionate allocations? | | (g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (h) General or managing partner? | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | Yes | No | | Yes | No | | Yes | No |
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**Additional Data**

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**Software ID:**
**Software Version:**
**EIN:** 23-0961125
**Name:** Pennsylvania State Education Association

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

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary Activity | (c)<br>Legal Domicile (State or Foreign Country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if 501(c)(3)) | (f)<br>Direct Controlling Entity |
|---|---|---|---|---|---|
| PSEA Health & Welfare Fund<br><br>400 North Third Street<br>Harrisburg, PA 17101<br>23-2121745 | Benefits | PA | 501(c)(9) | N/A | NA |
| PSEA-PACE for State Elections<br><br>400 North Third Street<br>Harrisburg, PA 17101<br>23-2116856 | PAC | PA | 527 | N/A | NA |
| PSEA Retiree Benefit Trust<br><br>400 North Third Street<br>Harrisburg, PA 17101<br>25-6862258 | Benefits | PA | 501(c)(9) | N/A | NA |
| Lucy A Valero Memorial Scholarship Trust<br><br>c/o Mellon Bank NA PO Box 185<br>Pittsburgh, PA 15230<br>23-2225710 | Scholarships | PA | 501(c)(3) | PF | NA |
| PSEA Education Foundation<br><br>400 North Third Street<br>Harrisburg, PA 17101<br>31-1649860 | Education | PA | 501(c)(3) | 9 | NA |
| HealthCare - PSEA<br><br>400 NORTH THIRD STREET<br>HARRISBURG, PA 17101<br>27-0648795 | MEMBER SRVCS | PA | 501(C)(6) | n/a | N/A |