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Form **990**

Department of the Treasury

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)

2010

OMB No 1545-0047

Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection calendar year, or tax year beginning 09-01-2010 and ending 08-31-2011 A For the 2010 D Employer identification number B Check if applicable Pennsylvania State Education Association Address change 23-0961125 Doing Business As Name change E Telephone number Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite (717) 255-7000 Terminated G Gross receipts \$ 74,612,147 City or town, state or country, and ZIP + 4 Harrisburg, PA 17101 Amended return Application pending Name and address of principal officer **H(a)** Is this a group return for affiliates? Yes DOLORES MCCRACKEN TREASURER 400 North Third Street **H(b)** Are all affiliates included? Harrisburg, PA 17101 If "No," attach a list (see instructions) H(c) Group exemption number ► 501(c)(3) **✓** 501(c) (6) **◄** (insert no) Tax-exempt status ☐ 4947(a)(1) or ☐ 527 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 1 Briefly describe the organization's mission or most significant activities TO ADVOCATE FOR QUALITY PUBLIC EDUCATION AND OUR MEMBERS THROUGH COLLECTIVE ACTION Activities & Governance 2 Check this box 📂 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 47 4 Number of independent voting members of the governing body (Part VI, line 1b) . 4 43 5 296 Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . . Total number of volunteers (estimate if necessary) 6 2,700 7a Total unrelated business revenue from Part VIII, column (C), line 12 . 163,985 7a **b** Net unrelated business taxable income from Form 990-T, line 34 . 7b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 0 0 Rayenue Program service revenue (Part VIII, line 2g) . 62,058,358 63,880,298 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 1,441,483 1,729,328 Other revenue (Part VIII. column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 649,137 11 742,193 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 64,242,034 66,258,763 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 333.210 341.589 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 35,696 33,852 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 Expenses 39,610,650 42,126,236 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 16,364,884 16,838,805 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 56,344,440 59,340,482 19 Revenue less expenses Subtract line 18 from line 12 $\,$. 7,897,594 6,918,281 Net Assets or Fund Balances **Beginning of Current End of Year** Year 20 Total assets (Part X, line 16) . 74,310,298 77,665,781 21 Total liabilities (Part X, line 26) . 74.048.814 71,607,813 Net assets or fund balances Subtract line 21 from line 20 261,484 6,057,968 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| Sign Here | ****** Signature of officer DOLORES MCCRACKEN TREASURER Type or print name and title | | | 2012-04-10 Date | |
|------------------|--|-----------------------------------|--------------------|----------------------------|-----------|
| | Print/Type preparer's name | Preparer's signature | Date 2012-04-10 | Check if self- employed | PTIN |
| Paid Preparer | Firm's name F GRANT THORNTON LLP | Firm's EIN | | | |
| Jse Only | Firm's address 2001 MARKET STREET SUITI PHILADELPHIA, PA 19103 | Phone no (215) 561- 4200 | | | |
| 1ay the IR | S discuss this return with the preparei | shown above? (see instructions) . | | | ✓ Yes No |

| 1 Briefly describe the organization's mission 10 ADVO CATE 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-E27 | F |
|---|---|
| 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27 If "Yes," describe these new services on Schedule 0 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule 0 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 gra allocations to others, the total expenses, and revenue, if any, for each program service reported 4 (Code) (Expenses 5) Code) (Expenses A) (Expe | |
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| 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 P PSEA attorneys, who are either on staff or are retained, represent locals with respect to bargaining and contract issues and represent members related matters. Each year, the attorneys collectively handle over 1,000 cases. In addition, the Legal Division provides counsel and advice to stincluding field staff, lobbyists, educational specialists, and financial management staff. The Legal Division also provides advice and legal opinior matters and is responsible for all representation of PSEA as a legal entity. The Legal Division is responsible for meeting all requirements of the 1 Services Program, which partially reimburses PSEA for its attorneys fees in certain cases. The Legal Division coordinates a number of programs Educators Employment Liability program and the Association's Liability Insurance policy. 4c (Code) (Expenses \$ including grants of \$) (Revenue \$ Communications Services and programs through international communications activities. The division provides core services, including print and electronic publications, strategic message management, news advertising, membership materials, and leadership communications. Communications writes and produces the following publications. Voice, the magazine, distributed to all members, 6 times a year, Connected, the all-member e-newsletter, distributed to about 119,000 members, month President, an e-newsletter from the PSEA President to local presidents, distributed to about 1,000 local leaders, monthly Communications also membership materials, and is responsible for arts and graphics materials for the entire organization. Staff provides sophisticated, researched, diand external programs. Communications helps build and strengthen relationships with PSEA members, the public, and other members of the educations and external programs. | rovides logistic reate support to PSEA concol Employees' con Committee, ESP ough Collaboration ff Laison Group, ion-Wide Special raining as required members in areas through collective in local associations, inprove and maintain conflict resolutions, to |
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| | s media relations, e all-member hly, and President To publishes other ata-driven internal |
| 4d Other program services (Describe in Schedule O) | |
| (Expenses \$ including grants of \$) (Revenue \$ |) |
| 4e Total program service expenses▶\$ | |

| | | | 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 | | Νo |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? | 2 | | Νo |
| 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 | | Νo |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II | 4 | | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | Yes | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts 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 | If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI. | 11a | Yes | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. | 11b | | No |
| c | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. | 11c | | Νo |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. | 11d | | Νo |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | 11e | Yes | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. | 11f | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12a | | No |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional | 12b | Yes | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV | 14b | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV . | 16 | | No |
| 17 | Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions) | 17 | | No |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | Νo |
| 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 | | Νo |
| 20a | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20a | | Νo |
| b | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) | 20b | | |

| Par | t IV Checklist of Required Schedules (continued) | | | |
|-----|---|-----|-----|----|
| 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 lines 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) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | No |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? 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 | | Νo |
| 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 | | Νο |
| 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)? | 35 | Yes | |
| а | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | | | |
| 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 I | RS Filings | and Tax | Compliance |
|--------|------------|-----------|---------|------------|---------|------------|

| Form | 990 (2010) | | | Page 5 |
|------|--|---------|-----|---------------|
| Pa | rt V Statements Regarding Other IRS Filings and Tax Compliance | | _ | |
| | Check if Schedule O contains a response to any question in this Part V | • • | | Γ |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 223 | 3 | | |
| ь | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1 | | |
| | 1b 0 | - | | |
| С | 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 | 5 | | |
| ь | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 1 | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | Yes | |
| _ | | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | Yes | |
| ь | 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 |
| ь | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | - | | |
| | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No |
| Ь | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | 6a | Yes | |
| | organization solicit any contributions that were not tax deductible? | | | |
| Ь | 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). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and | 7a | | |
| | services provided to the payor? | <u></u> | | |
| | 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 | | | |
| _ | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit | | | |
| - | contract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a | 79 | | |
| | Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess | | | |
| | business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | 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 | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | 4 | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 4 | | |
| 11 | Section 501(c)(12) organizations. Enter | | | |
| | Gross income from members or shareholders | | | |
| ь | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| | against amounts due or received from them) | - | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| Ь | If "Yes," enter the amount of tax-exempt interest received or accrued during the | | | |
| 13 | year Section 501(c)(29) qualified nonprofit health insurance issuers. | † | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | | | |
| | Note. See the instructions for additional information the organization must report on Schedule O | 13a | | |
| | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states | | | |
| • | In which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand | 1 | | |
| · | 13c | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | No |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |

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

| Check if Schedule O contains a response to any question in this Part VI | | | | | | | | | | . F | 7 |
|---|--|--|--|--|--|--|--|--|--|-----|---|
|---|--|--|--|--|--|--|--|--|--|-----|---|

| Se | ection A. Governing Body and Management | | | |
|---------|--|-----|-----|----------|
| | | | Yes | No |
| | | | | |
| ā | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was | | | |
| 5 | filed? | 5 | | No No |
| | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 6 | V | NO |
| 6 7- | Does the organization have members or stockholders? | 6 | Yes | |
| 7a | 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 | | | |
| а | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No |
| | ection B. Policies (This Section B requests information about policies not required by the Internal evenue 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 | |
| 11a | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | | | |
| | | 11a | Yes | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| 12a | 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 | |
| С | 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? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| b | Other officers or key employees of the organization | 15b | Yes | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No |
| b | If "Yes," 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 | | |
| S- | ection C. Disclosure | TOD | | <u> </u> |
| 17 | List the States with which a copy of this Form 990 is required to be filed▶ | | | |
| | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) | | | |
| . = | (3)s only) available for public inspection. Indicate how you 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 | | | |

- 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 DOLORES MCCRACKEN 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

Check if Schedule O contains a response to any question in this Part VII

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

| Check this box if neither the organ | | elated o | rgan | ızatı | on c | omper | sate | d any current office | er, director, or trust | ee |
|-------------------------------------|---|--|-------------------------------------|--------|--|---|--|---|--|--|
| (A) Name and Title | (B) A verage hours | Posi | (C) Position (check all that apply) | | | | | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of other |
| | per week (describe hours for related organizations in Schedule O) | Highest compensated employee Key employee Officer Institutional Trustee or director | | Former | from the organization (W- 2/1099-MISC) | from related organizations (W- 2/1099- MISC) | compensation from the organization and related organizations | | | |
| See Additional Data Table | | | | | | | | | | |
| - | | | | | | | | | | |
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization►135 Yes | | | |
|--|--------------------|--|--|
| See Additional Data Table O) | he on and ed | | |
| Total from continuation sheets to Part VII, Section A. C Total from continuation sheets to Part VII, Section A. Total (add lines 1b and 1c) . Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶135 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 . 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 . Total from continuation sheets to Part VII, Section A. Yes Yes Yes Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than | | | |
| c Total from continuation sheets to Part VII, Section A | | | |
| c Total from continuation sheets to Part VII, Section A | | | |
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| c Total from continuation sheets to Part VII, Section A | | | |
| c Total from continuation sheets to Part VII, Section A | | | |
| c Total from continuation sheets to Part VII, Section A | | | |
| d Total (add lines 1b and 1c) | | | |
| Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization►135 Yes | 97,714 | | |
| \$100,000 in reportable compensation from the organization 135 Yes 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 | 37,711 | | |
| 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 | | | |
| on line 1a? If "Yes," complete Schedule J for such individual | No | | |
| 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 | | | |
| organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | No_ | | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | | | |
| Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than | | | |
| Complete this table for your five highest compensated independent contractors that received more than | No | | |
| 1 Complete this table for your five highest compensated independent contractors that received more than | | | |
| | | | |
| \$100,000 of compensation from the organization (A) (B) (C) | | | |
| Name and business address Description of services Comper Killian Gephart | | | |
| 218 Pine Street HARRISBURG, PA 17101 | 302,455 | | |
| Herring Herring 604 S Washington Square Apt 1803 PHILADELPHIA, PA 19106 Legal services | 146,584 | | |
| Spencer Gleason Hebe Rague PC 17 Central Avenue WELLSBORO, PA 16901 Legal services | 139,138 | | |
| William Eckel Esq 132 Gazebo Park 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 \-4

163,985 1,946,128

66,258,763

| | 990 (2010) | | | | Page 10 | | | | |
|--|--|-------------------------------|-----------------------------|------|-------------------------|--|--|--|--|
| Part IX Statement of Functional Expenses | | | | | | | | | |
| Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. | | | | | | | | | |
| | ll other organizations must complete column (A) but are not required to c | | s (B), (C), and (B) | (D). | (D) | | | | |
| | ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII. | (A) Total expenses | Program service expenses | | Fundraising expenses | | | | |
| 1 | Grants and other assistance to governments and organizations in the U S See Part IV, line 21 | 280,679 | | | _ | | | | |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 60,910 | | | | | | | |
| 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 | 33,852 | | | | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 3,086,206 | | | | | | | |
| 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 | 23,712,575 | | | | | | | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 6,465,486 | | | | | | | |
| 9 | Other employee benefits | 6,926,817 | | | _ | | | | |
| 10 | Payroll taxes | 1,935,152 | | | | | | | |
| а | Fees for services (non-employees) Management | 0 | | | | | | | |
| ь | Legal | 1,201,657 | | | | | | | |
| c | Accounting | 130,742 | | | - | | | | |
| d | Lobbying | 0 | | | | | | | |
| | Professional fundraising services See Part IV, line 17 | 0 | | | | | | | |
| e • | | - | | | | | | | |
| f | Investment management fees | 34,880 | | | | | | | |
| g 12 | Other | 935,653 | | | | | | | |
| 12 | Advertising and promotion | 1,463,295 | | | - | | | | |
| 13 | Office expenses | 3,156,839 | | | | | | | |
| 14 | Information technology | 897,921 | | | | | | | |
| 15 | Royalties | 0 | | | | | | | |
| 16 | Occupancy | 1,605,815 | | | | | | | |
| 17 | Travel | 2,342,688 | | | | | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 16,362 | | | | | | | |
| 19 | Conferences, conventions, and meetings | 2,517,706 | | | | | | | |
| 20 | Interest | 14,621 | | | | | | | |
| 21 | Payments to affiliates | 0 | | | | | | | |
| 22 | Depreciation, depletion, and amortization | 812,765 | | | | | | | |
| 23 | Insurance | 92,371 | | | | | | | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) | | | | | | | | |
| а | LOCAL AFFILIATE DUES REBATES | 794,306 | | | | | | | |
| b | MEMBER TRAINING | 256,475 | | | | | | | |
| c | TEMPORARY HELP | 244,808 | | | | | | | |
| d | REFERENCE MATERIALS | 98,856 | | | | | | | |
| e | BANK FEES | 64,771 | | | | | | | |
| f | All other expenses | 156,274 | | | | | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 59,340,482 | | | | | | | |
| 26 | Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) 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) (B) Beginning of year End of year 280,660 234,796 1 28.710.946 2 30,666,004 2 Savings and temporary cash investments 3 3 1,197,137 4 1,276,651 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 1,087 814 5 Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 4ssets 7 8 8 Prepaid expenses and deferred charges 1,658,693 9 1,770,941 10a Land, buildings, and equipment cost or other basis Complete 23,332,080 10a Part VI of Schedule D 10b 16.478.633 ь Less accumulated depreciation 7,529,085 **10c** 6,853,447 11 34.778.118 11 36.641.085 12 Investments—other securities See Part IV, line 11 12 13 13 Investments—program-related See Part IV, line 11 . . 14 14 200,436 15 176,179 15 16 74,310,298 16 77,665,781 Total assets. Add lines 1 through 15 (must equal line 34) . . . 67,015,595 17 67.161.646 17 Accounts payable and accrued expenses . 18 18 2,344,625 19 19 2.519.050 20 20 Liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 4.542.543 25 2,073,168 Other liabilities Complete Part X of Schedule D 74,048,814 26 26 71,607,813 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets 261,484 6.057.968 Temporarily restricted net assets 28 28 Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here 🕨 🥅 and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 261,484 33 6,057,968 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 74,310,298 77,665,781

| Pa | Check if Schedule O contains a response to any question in this Part XI | | | | |
|-----|---|----------|----|------|---------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 66.2 | 258,76 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 340,48 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | 6,9 | 918,28 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 2 | 261,484 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | | -1,1 | 121,79 |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | | 6,0 | 57,96 |
| Pai | rt XIII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | • | ୮ | • |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | No |
| ь | 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 audit, review, or compilation of its financial statements and selection of an independent accountant? 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 on a separate basis, consolidated basis, or both | ssued | | | |
| | 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 th Single Audit Act and OMB Circular A-133? | e | 3a | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | required | 3b | | |

DLN: 93493101003202

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

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.

Open to Public Inspection

Department of the Treasury ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Internal Revenue Service

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

- ◆ 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.

| ♣ Se If the | ction 501(c)(3) organizations tha e organization answered "Ye | t have filed 101113700 (election di t have NOT filed Form 5768 (elections," to Form 990, Part IV, Line 5 | on under section 501 | (h)) Complete Part II-B Do n | ot complete Part II-A |
|-------------|--|---|---|--|---|
| | ection 501(c)(4), (5), or (6) organime of the organization | zations Complete Part III | | Employer iden | tification number |
| | nnsylvania State Education Association | | | | |
| Dar | t I-A Complete if the or | ganization is exempt und | er section 501/ | 23-0961125 c) or is a section 527 | organization |
| Pell | - | - | | | organization. |
| 1 | | ganization's direct and indirect po | olitical campaign ac | tivities in Part IV | |
| 2 | Political expenditures | | | ▶ | \$ |
| 3 | V olunteer hours | | | | |
| Par | t I-B Complete if the or | ganization is exempt und | er section 501(| c)(3). | |
| 1 | | e tax incurred by the organization | | | \$ |
| 2 | Enter the amount of any excis | e tax incurred by organization ma | nagers under sectio | n 4955 🕨 | \$ |
| 3 | If the organization incurred a s | section 4955 tax, did it file Form | 4720 for this year? | | ☐ Yes ☐ No |
| 4a | Was a correction made? | | | | ┌ Yes ┌ No |
| ь | If "Yes," describe in Part IV | | | | |
| Par | | ganization is exempt und | er section 501(| c) except section 501 | L(c)(3). |
| 1 | Enter the amount directly exp | ended by the filing organization fo | r section 527 exem | pt function activities 🕨 | \$ |
| 2 | | organization's funds contributed t | o other organization | s for section 527 | |
| | exempt funtion activities | | | • | \$ |
| 3 | Total exempt function expend | tures Add lines 1 and 2 Enter h | ere and on Form 112 | 20-POL, line 17b | \$ |
| 4 | Did the filing organization file | Form 1120-POL for this year? | | | ┌ Yes |
| 5 | organization made payments amount of political contributio | nd employer identification numbe For each organization listed, ente ns received that were promptly ai political action committee (PAC) | r the amount paid fr nd directly delivered | om the filing organization's f to a separate political orga | funds Also enter the nization, such as a |
| | (a) Name | (b) Address | (c) EIN | (d) A mount paid from filing organization's funds If none, enter -0- | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
| | | | | | |
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| Sc | hedule C (Form 990 or 990-EZ) 2010 | | | | | | Page 2 |
|------------|---|----------|----------------------|------------------------|--------------|---|--|
| P | art II-A Complete if the organization under section 501(h)). | is ex | cempt under | section 501(c |)(3) and fi | led Form 5768 | |
| A B | Check If the filing organization belongs to a Check If the filing organization checked bo | | | " provisions apply | / | | |
| | Limits on Lobbying E (The term "expenditures" means a | | |) | | (a) Filing Organization's Totals | (b) Affiliated Group Totals |
| <u>1</u> a | Total lobbying expenditures to influence public o | pinion | (grass roots lob | oyıng) | | | |
| b | Total lobbying expenditures to influence a legisl | atıve b | ody (direct lobby | ıng) | | | |
| c | Total lobbying expenditures (add lines 1a and 1 | b) | | | | | |
| d | Other exempt purpose expenditures | | | | | | |
| е | Total exempt purpose expenditures (add lines 1 | c and : | Ld) | | | | |
| f | Lobbying nontaxable amount Enter the amount columns | from th | e following table | ın both | | | |
| | If the amount on line 1e, column (a) or (b) is: | The | lobbying nontaxa | ble amount is: | | | |
| | Not over \$500,000 | 20% | of the amount on lin | e 1e | | | |
| | Over \$500,000 but not over \$1,000,000 | \$100 | ,000 plus 15% of the | excess over \$500,00 | 0 | | |
| | Over \$1,000,000 but not over \$1,500,000 | \$175 | ,000 plus 10% of the | excess over \$1,000,0 | 000 | | |
| | Over \$1,500,000 but not over \$17,000,000 | \$225 | ,000 plus 5% of the | excess over \$1,500,00 | 00 | | |
| | Over \$17,000,000 | \$1,00 | 00,000 | | | | |
| | Grassroots nontaxable amount (enter 25% of lir | ne 1 f) | | | | | |
| _ | Subtract line 1g from line 1a If zero or less, ent | - | | | | | |
| i | Subtract line 1f from line 1c If zero or less, ente | er - 0 - | | | | | |
| j | If there is an amount other than zero on either li section 4911 tax for this year? | ne 1h d | or line 11, did the | organization file F | orm 4720 rep | orting | ┌ Yes ┌ No |
| | 4-Year Av (Some organizations that made a columns below. See t | secti | on 501(h) ele | | havè to co | | ne five |
| | Lobbying Exp | endit | ures During 4 | l-Year Averag | jing Period | | |
| | Calendar year (or fiscal year | | | | | | |

| | Lobbying Expenditures During 4-Year Averaging Period | | | | | | |
|----|--|-----------------|-----------------|-----------------|-----------------|------------------|--|
| | Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) Total | |
| 2a | Lobbying non-taxable amount | | | | | | |
| b | Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | | |
| С | 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) | | (b) |
|----|--|-----|----|---------|
| | | Yes | No | A mount |
| 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 | | | |
| а | 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 | | Νo |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | | Νo |
| 3 | Did the organization agree to carryover lobbying and political expenditures from the prior year? | 3 | Yes | |

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 57,012,005

| 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). | | |
|---|--|----|-----------|
| а | Current year | 2a | 5,331,652 |
| ь | Carryover from last year | 2b | 379,535 |
| С | Total | 2c | 5,711,187 |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | 5,701,201 |
| 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 | 9,986 |
| 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 1, Also, complete this part for any additional information

| Ident if ier | 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 C, Part III-B, Line 2b | | The prior year return contained an inadvertent error in the calculation of current year total lobbying expenditures. The prior year Line 2a was 3,724,985, the correct figure should have been 3,722,532. The result changes the prior Line 4 carryover from the original amount of 381,988 to an amended amount of 379,535. |

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As Filed Data

DLN: 93493101003202

OMB No 1545-0047

SCHEDULE D (Form 990)

Supplemental Financial Statements

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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.

Employer identification number Name of the organization Pennsylvania State Education Association 23-0961125 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 Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? 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 Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 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 Preservation of a certified historic structure Protection of natural habitat Preservation of open space 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌 Number of states where property subject to conservation easement is located **\(\mathbb{F}_{\top}\)** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🕨 🛊 🔛 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? 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. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of

provide, in Part XIV, the text of the footnote to its financial statements that describes these items 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

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

(ii) Assets included in Form 990, Part X

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

art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service,

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Cat No 52283D Schedule D (Form 990) 2010

| relit | •••• Organizations Maintaining Co | llections of Art | t, His | tori | <u>cal Tr</u> | <u>easu</u> | ires, or C | une | ı Sillilla | A556 | LS (CC | ontinuea) |
|----------------------|--|----------------------|--------------|---------------|---------------|-------------|-----------------------------|-----------------------|-----------------------|-----------------|----------------|-----------------------------------|
| 3 | Using the organization's accession and othe items (check all that apply) | r records, check an | y of th | ne foll | owing t | hat ar | e a significa | ant u | se of its co | llection | 1 | |
| а | Public exhibition | | d | Γ | Loand | orexc | hange progi | rams | | | | |
| b | Scholarly research | | e | Γ | Other | | | | | | | |
| С | Preservation for future generations | | | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and expla | ain hov | w the | y furthe | r the o | organızatıor | ı's ex | empt purp | ose in | | |
| 5 | During the year, did the organization solicit of assets to be sold to raise funds rather than t | | | , | | | | | ıılar | Г | Yes | ┌ No |
| Par | Part IV, line 9, or reported an an | | | | | | n answere | d "Y | es" to Foi | m 990 |), | |
| 1a | Is the organization an agent, trustee, custod included on Form 990, Part X? | ıan or other ınterm | ediary | for c | ontribut | tions | or other ass | ets r | not | Г | Yes | ┌ No |
| b | If "Yes," explain the arrangement in Part XIV | / and complete the | follow | ving t | able | | Г | | | A mou | ınt | |
| с | 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 Fo | orm 990 Part V lin | <u>0</u> 217 | | | | L | | | | Yes | ┌ No |
| | | | c 7 I , | | | | | | | , | . 63 | , 140 |
| | If "Yes," explain the arrangement in Part XIV t V Endowment Funds. Complete | | n ans | :WAr | ad "Voc | s" to | Form 990 | Dar | t IV line | 10 | | |
| H. | Endowment I dids. Complete | (a)Current Year | | Prior ` | | | o Years Back | | Three Years I | |)Four Y | ears 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 yea | r end balance held | as | | | | | | | | | |
| а | Board designated or quasi-endowment 🕨 | | | | | | | | | | | |
| ь | Permanent endowment | | | | | | | | | | | |
| c | Term endowment ▶ | | | | | | | | | | | |
| 3a | Are there endowment funds not in the posse: | ssion of the organiz | ation | thata | re held | and a | administere | d for | the | | | |
| | organization by | | | | | | | | | | Yes | No |
| | (i) unrelated organizations | | | | | | | • | | 3a(i) | | |
| | (ii) related organizations | | | | | | | | | 3a(ii) | <u> </u> | <u> </u> |
| ь 4 | If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the second organization or the second organization of the second organization or the second organization organizat | • | | | | | | • | | 3b | | |
| _ | | | | | | an D: | art V line | 10 | | | | |
| Dar | | , and Eduibing | 111. 3 | , <u>cc i</u> | <u> </u> | υ, г | arc A, IIIIe | 10. | | | | |
| Par | Threstments Land, Banding. | | | (-) | Costor | othor | (h)Cost or o | thor | (a) Assum | ulated | | |
| Par | Description of investment | | | | Cost or o | | (b)Cost or o basis (othe | | (c) Accum deprecia | | (d) Bo | ook value |
| Par 1a l | | | • | | | | basis (othe | | deprecia | | | |
| 1a l | Description of investment | | | | | | basis (othe | er) 7,308 | deprecia | | | 1,257,308 |
| 1 a l | Description of investment | | · · · | | | | basis (other | er) 7,308 | deprecia | tion | | 1,257,308 |
| 1a l b l c l | Description of investment | | · · · | | | | basis (other | er) 7,308 | deprecia | tion | | 1,257,308 4,859,958 665,346 |
| 1a l b i c l d i e (| Description of investment and | | | basi | s (ınvestr | ment) | basis (other | er) 7,308 4,250 | 10,2 | tion :64,292 | | 1,257,308 4,859,958 |

| Part VII Investments—Other Securities. See (a) Description of security or category | | 2. (c) Method of valuation |
|---|----------------|----------------------------------|
| (including name of security) | (b)Book value | Cost or end-of-year market value |
| (1)Financial derivatives | | |
| (2)Closely-held equity interests | | |
| Other | | |
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| Table (Caluma (h) abadd and France (000, Part V, ad (40) had 12) | <u> </u> | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 12) Part VIIII Investments—Program Related. Se | | 13 |
| | | (c) Method of valuation |
| (a) Description of investment type | (b) Book value | Cost or end-of-year market value |
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| | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 13) | + | |
| Part IX Other Assets. See Form 990, Part X, I | | |
| (a) Descri | ption | (b) Book value |
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| 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) A mount | |
| Federal Income Taxes | 0 | |
| UNREMITTED NEA DUES | 816,452 | |
| DEFERRED COMPENSATION | 1,256,716 | |
| | | |
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| | | |
| | | |
| | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25) | 2,073,168 | |

66,258,763

| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 66,258,76 |
|-----|--|---------|-----------|
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 59,340,48 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 6,918,28 |
| 4 | Net unrealized gains (losses) on investments | 4 | 1,107,61 |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | -2,222,43 |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | -1,114,81 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | 5,803,47 |
| Par | Reconciliation of Revenue per Audited Financial Statements With Revenue p | er Retu | rn |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 67,421,14 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| а | Net unrealized gains on investments | | |
| b | Donated services and use of facilities | | |
| c | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIV) 2d | | |
| e | Add lines 2a through 2d | 2e | 1,107,61 |
| 3 | Subtract line 2e from line 1 | 3 | 66,313,52 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b . 4a | | |
| b | Other (Describe in Part XIV) | | |
| c | Add lines 4a and 4b | 4c | -54,76 |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 | 66,258,76 |
| | Reconciliation of Expenses per Audited Financial Statements With Expenses | per Re | |
| 1 | Total expenses and losses per audited financial statements | 1 | 59,388,25 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| а | Donated services and use of facilities | | |
| b | Prior year adjustments | | |
| С | Other losses | | |
| d | Other (Describe in Part XIV) 2d 47,774 | | |
| e | Add lines 2a through 2d | 2e | 47,77 |
| 3 | Subtract line 2e from line 1 | 3 | 59,340,48 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | 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 | 59,340,48 |

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

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

| Ident if ier | Return Reference | Explanation |
|--------------------------------|------------------|--|
| SCHEDULE D, PART X, LINE 2 | INCOME TAXES | The Association qualifies under the provisions of Section 501(c) (6) of the Internal Revenue Code as an organization exempt from federal income tax except for activities considered to be unrelated to its exempt purpose. No provision for income taxes was required for 2011 or 2010. Management has analyzed the tax positions taken by the Association and has concluded that, as of August 31, 2011 and 2010, there are no uncertain positions taken or expected to be taken that would require recognition or disclosure in the financial statements. |
| SCHEDULE D, PART XI, LINE 8 | | NET INCOME/LOSS FROM HEALTHCARE-PSEA 6,986 EFFECT OF PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST (\$1,454,599) EFFECT OF POST RETIREMENT CHANGES OTHER THAN NET PERIODIC BENEFIT COST (\$774,817) |
| SCHEDULE D, PART XII, LINE 4B | | EXPENSES PAID OR INCURRED IN CONNECTION WITH THE RENTAL PROPERTY (RECLASS) (44,774) HEALTHCARE-PSEA ARBITRATION/INTEREST REVENUE (9,986)TOTAL (54,760) ======= |
| SCHEDULE D, PART XIII, LINE 2D | | EXPENSES PAID OR INCURRED IN CONNECTION WITH THE RENTAL PROPERTY (RECLASS) \$44,774 HEALTHCARE-PSEA ARBITRATION EXPENSE 3,000 TOTAL 47,774 ====== |

DLN: 93493101003202

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

Inspection

| Name of the organization | | | | | | Employer identifi | cation number |
|--|---|------------------------------------|--|---|--|---|---------------------------------------|
| Pennsylvania State Education A | Association | | | | | 23-0961125 | |
| Part I General Inform | nation on Grants | and Assistance | | | | - | |
| Form 990, Part I | d to award the grants of the grants of the grantzation's procedure to the grantzation of | or assistance? | of grant funds in the United States of Grant funds in the United States of Grant States of Gra | United States the United States Check this box if n | | ganızatıon answered ived more than \$5,0 | |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| (1) Rural Votes 34 White St Chicopee, MA 10103 | 32-0206911 | 501(C)(4) | 10,000 | | | | Farm to School Program |
| (2) Bucks County Intermediate Unit #22705 North Shady Retreat Rd Doylestown, PA 18901 | 23-1740695 | Government | 20,000 | | | | Hlth Care Consortium |
| (3) Keystone Research Center Inc412 North Third Street Harrisburg, PA 17101 | 25-1776998 | 501(c)(3) | 33,475 | | | | GENERAL SUPPORT |
| (4) Keystone Progress1500 N 2nd Street Harrisburg, PA 17102 | 26-4165741 | 501(C)(4) | 6,000 | | | | Progressive Summit |
| (5) Pennsylvanıa AFL-CIO 319 Market Street Harrısburg, PA 17101 | 23-1575065 | 501(C)(5) | 50,000 | | | | Clear Coalition Fund |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |

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

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)A mount of cash grant | (d)A mount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|---|----------------------------------|-----------------------------|-----------------------------------|--|---------------------------------------|
| (1) Retirement & Welfare Grants | 20 | 30,000 | | | |
| (2) Member Assistance Grants | 5 | 9,000 | | | |
| (3) Political action committee fundraising prizes | 63 | 14,960 | | | |
| (4) Region art contest prizes | 22 | 1,950 | | | |
| (5) Student Convention Prizes | 20 | 1,500 | | | |
| (6) Fabric of Unionism Prizes | 6 | 3,500 | | | |
| | | | | | |

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

| Ident if ier | 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, 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. |

Schedule I (Form 990) 2010

Compensation Information

DLN: 93493101003202

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public Inspection

| Pen | nsylvania State Education Association | | | • • | | | |
|-----|--|------------|---|------------------------|----|-----|----|
| | | | | 23-0961125 | | | |
| Pa | rt I Questions Regarding Compensation | n | | | | | |
| | | | | | | Yes | Νo |
| 1a | Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II | | | | | | |
| | First-class or charter travel | Ī | Housing allowance or residence for | | | | |
| | Travel for companions | Ë | Payments for business use of person | • | | | |
| | Tax idemnification and gross-up payments | F | Health or social club dues or initiat | | | | |
| | Discretionary spending account | <u></u> | Personal services (e.g., maid, chau | | | | |
| | , | ŕ | (3,, | , | | | |
| b | If any of the boxes in line 1a are checked, did the oreimbursement orprovision of all the expenses desc | _ | | · | 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? | | | | | Yes | |
| | | | | | | | |
| 3 | Indicate which, if any, of the following the organization's CEO/Executive Director Check all t | | • | 2 | | | |
| | ▼ Compensation committee | 굣 | Written employment contract | | | | |
| | Independent compensation consultant | 굣 | Compensation survey or study | | | | |
| | Form 990 of other organizations | <u> </u> | Approval by the board or compensa | tion committee | | | |
| 4 | During the year, did any person listed in Form 990, or a related organization | Part VII | , Section A , line 1a with respect to t | he filing organization | | | |
| а | Receive a severance payment or change-of-contro | l paymen | t from the organization or a related o | rganization? | 4a | | Νo |
| Ь | Participate in, or receive payment from, a suppleme | ental non | qualified retirement plan? | | 4b | | Νo |
| c | Participate in, or receive payment from, an equity- | ased co | mpensation arrangement? | | 4c | | Νo |
| | If "Yes" to any of lines $4a-c$, list the persons and p | rovide th | e applicable amounts for each item i | n Part III | | | |
| | Only 501(c)(3) and 501(c)(4) organizations only m | ust comr | ulata lines 5-9 | | | | |
| 5 | For persons listed in form 990, Part VII, Section A | _ | | nv | | | |
| - | compensation contingent on the revenues of | , 2 4, | and the organization pay or decree a | , | | | |
| а | The organization? | | | | 5a | | |
| b | Any related organization? | | | | 5b | | |
| | If "Yes," to line 5a or 5b, describe in Part III | | | | | | |
| 6 | For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of | , lıne 1a, | did the organization pay or accrue a | ny | | | |
| а | The organization? | | | | 6a | | |
| ь | Any related organization? | | | | 6b | | |
| | If "Yes," to line 6a or 6b, describe in Part III | | | | | | |
| 7 | For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," | | | n-fixed | 7 | | |
| 8 | Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III | | | | 8 | | |
| 9 | If "Yes" to line 8, did the organization also follow th | ne rebutta | able presumption procedure describe | d in Regulations | | | |

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

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

Note. The sum of columns (B)(1)-(111) 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-MIS | SC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | |
|-----------------------|-------------|--------------------------|---|---|--------------------------------|----------------|----------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(ı)-(D) | reported in prior Form 990 or Form 990-EZ |
| (1) James Testerman | (1) (11) | 173,964 0 | 0 0 | 26,758 0 | 67,428 0 | 13,925 0 | 282,075 0 | 6,62 |
| (2) John Springer | (ı) (ıı) | 172,766 0 | 0 | 19,115 0 | 54,996 0 | 21,916 0 | 268,793 0 | 5,89 |
| (3) George Hughes | (ı) (ıı) | 152,855 0 | 0 | 12,974 0 | 17,513 0 | 22,987 0 | 206,329 | 2,31 |
| (4) David Wazeter | (ı) (ıı) | 152,855 0 | 0 | 11,730 0 | 41,795 0 | 21,725 | 228,105 | |
| (5) Gerard Brandon | (ı) (ıı) | 152,855 0 | 0 | 12,818 | 40,601 0 | 22,375 | 228,649 | |
| (6) Lynne Wilson | (ı) (ıı) | 163,581 0 | 0 | 12,275 0 | 44 ,089 0 | 21,828 | 241,773 0 | |
| (7) Linda Morrow | (ı) (ıı) | 149,497 0 | 0 | 10,684 0 | 40,474 0 | 22,609 | 223,264 | |
| (8) Cındy Hake | (ı) (ıı) | 149,497 0 | 0 | 9,082 | 71,843 0 | 22,687 0 | 253,109 0 | |
| (9) James Vaughan | (ı) (ıı) | 150,838 0 | 0 | 5,943 0 | 55,034 0 | 21,712 | 233,527 | |
| (10) Thomas Widitz | (ı) (ıı) | 127,345 0 | 0 | 50,573 0 | 11,357 0 | 7,290 0 | | |
| (11) Jeffrey Lewis | (I) (II) | 127,345 0 | 0 | 48,855 0 | 37,267 0 | 20,923 | 234,390 | |
| (12) Myra Reichart | (ı) (ıı) | 127,345 0 | 0 | 48,493 0 | 11,560 0 | 12,580 | 199,978 | |
| (13) Joseph Kırk | (ı) (ıı) | 150,173 0 | 0 | 12,074 | 20,156 | 12,981 | 195,384 | |
| (14) Richard Burridge | (ı) (ıı) | 146,151 | 0 | 11,870 | 32,914 0 | 21,450 | 212,385 | |
| (15) | | | - | | | - | | |
| (16) | | | | | | | | |

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

| Ident if ier | Return Reference | Explanation |
|-----------------------|---------------------|--|
| SCHEDULE J, PART I | · | 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 "One of the Executive Officers, W Gerard Oleksiak, had amounts included in his 2010 taxable income for PSEA provided apartments |

Schedule J (Form 990) 2010

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As Filed Data -

DLN: 93493101003202

Schedule L Trans

(Form 990 or 990-EZ)

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.

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

| Name of the organization Pennsylvania State Education Association | | | | | | | E | mployer i | dent if ica | tion numb | er | |
|---|-----------|------------------|--------------------------------|-------------------|--------------------------|------------|---------------|-----------|----------------|----------------|----------------------------------|--|
| Tomo, name state Lausation accounts. | | | | | | | 2 | 3-09611 | 25 | | | |
| Part I Excess Benefit Trar | | | | | | | | | | | | |
| Complete if the organizat | ion ans | wered "Y | es" on Fori | m 990, P | art IV , line 25a o | r 25b | , or Form | 990-EZ, | Part V , lı | | | |
| 1 (a) Name of disqu | person | | | (b) Desc | riptioi | n of trans | action | | (c) C | (c) Corrected? | | |
| | | | | | (-, | | | | | Yes | No | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| 2 Enter the amount of tax impossection 4958 | | _ | | _ | disqualified perso | | | ear unde | r • \$ | | | |
| 3 Enter the amount of tax, if any | | | | | | | | | - ≯ —— - \$ | | | |
| 3 Enter the amount of tax, if any | , on tine | 2, abov | e, reimburs | ed by the | e organization . | | | | · | | | |
| Part II Loans to and/or F | rom 1 | Intere | sted Pers | sons. | | | | | | | | |
| Complete ıf the organız | ation a | ns we re d | "Yes" on F | orm 990 | , Part IV , line 26 , | or Fo | rm 990-E | Z, Part V | ', lıne 38 | a | | |
| | (b) L | oan to | | | | , . | (f) | | | | | |
| (a) Name of interested person and | | m the | (c)0 rı | | (d)Balance due | |) In ault? | 1 '' | | 1 | (g) Written agreement? | |
| purpose | organi | zation? | principal | amount | (a) Building a duc | | | | | J. 3 | | |
| | То | From | | | | Yes | No | Yes | No | Yes | No | |
| (1) Davıd Wazeter | | | | | | | | | | | | |
| PERSONAL COMPUTER | | X | | 1,176 | 814 | | No | Yes | | Yes | | |
| | - | <u> </u> | | | | | | | | | | |
| | - | 1 | | | | | | | | | | |
| | - | | | | | | | | | | | |
| | - | + | | | | | | | | - | - | |
| Fatal | | <u> </u> | <u> </u> | b 4 | <u> </u> 814 | | | | | | | |
| Total | | | | * \$ | | | | | | | | |
| Part III Grants or Assistan Complete if the orga | nizatio | nentti n answ | n g Interc ered "Yes | " on For | ersons. m 990 Part IV | lıne | 27 | | | | | |
| | | | | | en interested per | | | | | | | |
| (a) Name of Interested pers | on | \ | - | • | anization | 5011 | (c)A m | ount of g | rant or ty | pe of assi | stance | |
| | | | | | | | | | | | | |
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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 | (c) A mount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|--|-------------------------------|--------------------------------|---|----|
| | organization | | | Yes | No |
| | | | | | |
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Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

| Ident if ier | Return Reference | Explanation |
|--------------|------------------|--|
| • | 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 |

Schedule L (Form 990 or 990-EZ) 2010

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DLN: 93493101003202

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

| lame of the orgensylvania State | ganization Education Associa | cion | Employer identification number |
|---------------------------------|---------------------------------|-------------|--------------------------------|
| | | | 23-0961125 |
| | | | |
| Identifier | Poturn | Evplanation | |

| ldentifier | 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 |

| ldentifier | 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 |

| ldentifier | 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 how ever 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. |

| ldentifier | Identifier Return Explanation Reference | | | | | | |
|--------------------------------|---|--|--|--|--|--|--|
| 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. | | | | | |

| ldentifier | 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 colations of the policy. When a con |

| ldentifier | 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. |

| ldentifier | 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 |

| ldentifier | 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. |

| ldentifier | Return Reference | Explanation |
|------------|---------------------------------|--|
| , | Reconciliation of Net Assets | UNREALIZED GAIN/(LOSS) \$1,107,619 EFFECT OF PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST (\$1,454,599) EFFECT OF POST RETIREMENT CHANGES OTHER THAN NET PERIODIC BENEFIT COST (\$774,817) TOTAL (1,121,797) =================================== |

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

SCHEDULE R (Form 990)

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

Schedule R (Form 990) 2010

DLN: 93493101003202

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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) | | (e) End-of-year assets | (f) Direct controlling entity | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during | | If the organization | answered "Yes" (| on Form 990, Part | IV, line 34 becaus | e it had | one | |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | | g) 12(b)(1 rolled nization | |
| (1) PSEA Health & Welfare Fund | | | | | | Yes | No | |
| 400 North Third Street | B. G | | 504()(0) | | PSEA | | | |
| Harrisburg, PA 17101 23-2121745 | Benefits | PA | 501(c)(9) | N/A | | | | |
| (2) PSEA-PACE for State Elections | | | | | | | | |
| 400 North Third Street | PAC | PA | 527 | N/A | N/A | | | |
| Harnsburg, PA 17101 23-2116856 | | | | | | | | |
| (3) PSEA Retiree Benefit Trust | | | | | | | | |
| 400 North Third Street | Benefits | PA | 501(c)(9) | N/A | N/A | | | |
| Harnsburg, PA 17101 25-6862258 | | | | | | | | |
| (4) PSEA Scholarship Trust | | | | | | | | |
| c/o Mellon Bank NA PO Box 185 | Scholarships | PA | 501(c)(3) | PF | N/A | | | |
| Pittsburgh, PA 15230 23-2225710 | | | | | | | | |
| (5) PSEA Education Foundation | | | | | | | | |
| 400 North Third Street | Education | PA | 501(c)(3) | 9 | N/A | | | |
| Harnsburg, PA 17101 31-1649860 | | | | | | | | |
| (6) HealthCare - PSEA | | | | | | | | |
| 400 NORTH THIRD STREET | MEMBER SRVCS | PA | 501(c)(6) | n/a | PSEA | | | |
| HARRISBURG, PA 17101 27-0648795 | | | | | | | | |
| | | | | | | | | |
| | | <u> </u> | | <u> </u> | | | | |

Cat No 50135Y

| (a) ame, 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) end-of-year sssets | (h Disprop allocat | ortionate | (i) Code V— amount in bo Schedule (Form 10 | x 20 of K-1 | (j) General or managing partner? | | | |
|--|----------------------------------|--|--|--|------------------------------|-----------|--|--------------------------|-----------|--|----------------|---|------|---------------------------------------|--|
| | | | | | | | | Yes | No | | | Yes | No | | |
| | | | | | | | | | | | | | | | |
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| | | | | ble as a Corpora zations treated as a | | | | | | nswered "Y | es" on | Form | 990, | Part IV, | |
| Name, address, an | (a) Id EIN of related organiz | zation | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct cor enti | ntrolling | (e) Type of e (C corp, S or trust | corp, | Share o | (f) f total income | Shai end-o | y) re of f-year sets | | (h) Percentage ownership | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
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| chedule | e R (Form 990) 2010 | | Рa | age 3 |
|----------------|--|------------|-----|-------|
| Part \ | Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, | or 36.) | | |
| No | te. Complete line 1 if any entity is listed in Parts II, III or IV | | Yes | No |
| 1 Durın | ng 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 Re | eceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity | 1a | | No |
| b Gr | ft, grant, or capital contribution to other organization(s) | 1b | | No |
| c Gif | ft, grant, or capital contribution from other organization(s) | 1 c | | No |
| d Lo | pans or loan guarantees to or for other organization(s) | 1d | | No |
| e Lo | pans or loan guarantees by other organization(s) | 1e | | No |
| f Sa | ale of assets to other organization(s) | 1f | | No |
| g Pu | urchase of assets from other organization(s) | 1 g | | No |
| h Ex | cchange of assets | 1h | | No |
| i Lea | ase of facilities, equipment, or other assets to other organization(s) | 1i | | No |
| j Lea | ase of facilities, equipment, or other assets from other organization(s) | 1j | | No |
| k Pe | erformance of services or membership or fundraising solicitations for other organization(s) | 1k | Yes | |
| l Per | rformance of services or membership or fundraising solicitations by other organization(s) | 11 | | No |
| m Sh | naring of facilities, equipment, mailing lists, or other assets | 1m | Yes | |
| n Sh | naring of paid employees | 1n | Yes | |
| o Re | eimbursement paid to other organization for expenses | 10 | Yes | _ |
| p Re | eimbursement paid by other organization for expenses | 1р | Yes | |
| q 0 t | ther transfer of cash or property to other organization(s) | 1q | | No |
| r Ot | her transfer of cash or property from other organization(s) | 1 r | | No |

| 2 If the answer to any of the about | ıs "Yes," see the ınstructıons for ır | formation on who must complete this line, includ | ng covered relationships and transaction thresholds |
|-------------------------------------|---------------------------------------|--|---|
|-------------------------------------|---------------------------------------|--|---|

| | | • | |
|-----------------------------------|--|------------------------|---|
| (a) Name of other organization | (b) Transaction type(a-r) | (c) Amount involved | (d) Method of determining amount involved |
| (1) PSEA Health & Welfare Fund | N | 634,380 | |
| (2) HealthCare - PSEA | к | 284,811 | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

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

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

| (a) Name, address, and EIN of entity | (b) (c) Primary activity Legal domicile (state or foreign country) | | (d Are parti sect 501(d organiz | ners ion :)(3) :ations? | (e) Share of end-of-year assets | | rtionate cions? | (g) Code V—UBI amount in box 20 of Schedule K-1 (Forn 1065) | mana part | (h) neral or inaging artner? | |
|---|--|--|--|----------------------------------|---|-----|--------------------|---|--------------|---------------------------------------|--|
| | | | Yes | No | | Yes | No | | Yes | N | |
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Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

| Ident if ier | Ret urn Ref erence | 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 PSEA 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) 2010

Software ID: Software Version:

EIN: 23-0961125

Name: Pennsylvania State Education Association

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

| (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c) (3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled organization | |
|--------------------------------|--|---|---|---|--|--|
| | | | | | Yes | No |
| | | | | | | |
| Benefits | PA | 501(c)(9) | N/A | PSEA | | |
| | | | | | | |
| PAC | РА | 527 | N/A | N/A | | |
| | | | | | | |
| Benefits | РА | 501(c)(9) | N/A | N/A | | |
| | | | | | | |
| Scholarships | PA | 501(c)(3) | PF | N/A | | |
| | | | | | | |
| Education | РА | 501(c)(3) | 9 | N/A | | |
| | | | | | | |
| MEMBER SRVCS | PA | 501(c)(6) | n/a | PSEA | | |
| | Primary activity Benefits PAC Benefits Scholarships Education | (b) Legal domicile (state or foreign country) Benefits PA PAC PA Benefits PA Scholarships PA Education PA | (b) Legal domicile (state or foreign country) Exempt Code section Benefits PA 501(c)(9) PAC PA 527 Benefits PA 501(c)(9) Scholarships PA 501(c)(3) Education PA 501(c)(3) | (b) Primary activity Legal domicile (state or foreign country) Exempt Code section Public charity status (if section 501(c) (3)) Benefits PA 501(c)(9) N/A PAC PA 527 N/A Benefits PA 501(c)(9) N/A Scholarships PA 501(c)(3) PF Education PA 501(c)(3) 9 | (b) Primary activity Legal domicile (state or foreign country) Exempt Code section Public charity status (if section 501(c) (3)) (f) Direct controlling entity Benefits PA 501(c)(9) N/A PSEA PAC PA 527 N/A N/A Benefits PA 501(c)(9) N/A N/A Scholarships PA 501(c)(3) PF N/A Education PA 501(c)(3) 9 N/A | (b) Primary activity Legal domicile (state or foreign country) (d) Exempt Code section Public charity status (if section 501(c) (3)) (b)(1 controlling entity) Section (b)(1 controlling entity) Benefits PA 501(c)(9) N/A PSEA PAC PA 527 N/A N/A Benefits PA 501(c)(9) N/A N/A Scholarships PA 501(c)(3) PF N/A Education PA 501(c)(3) 9 N/A |

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

| Compensated Employees, and Independent Contractors | | | | | | | | | | |
|--|-------------------------|-----------------------------------|-----------------------|---------|---|------------------------------|--------|--|---|--|
| (A) Name and Title | (B) Average hours | | (C tion (hat a | che | | II | | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of other |
| | per week | Individual trustee or director | Institutional Trustee | Officei | | Highest compensated employee | Former | from the organization (W- 2/1099-MISC) | from related organizations (W- 2/1099- MISC) | compensation from the organization and related organizations |
| James Testerman President | 60 0 | Х | | х | | | | 200,722 | 0 | 81,353 |
| Michael Crossey Vice President | 60 0 | Х | | Х | | | | 61,720 | 0 | 35,799 |
| W Gerard Oleksiak Treasurer | 60 0 | Х | | х | | | | 45,420 | 0 | 47,900 |
| Bradley Siegfried DIRECTOR | 7 0 | Х | | | | | | 7,440 | 0 | 0 |
| Susan Lemmo DIRECTOR | 7 0 | Х | | | | | | 7,440 | 0 | 0 |
| Dina McGee DIRECTOR | 7 0 | × | | | | | | 7,440 | 0 | 0 |
| Trina Smith DIRECTOR | 7 0 | Х | | | | | | 7,440 | 0 | 0 |
| Richard Milne DIRECTOR | 7 0 | Х | | | | | | 7,440 | 0 | 0 |
| Barbara Sıpler DIRECTOR | 7 0 | Х | | | | | | 7,440 | 0 | 0 |
| Wendy Kushner DIRECTOR | 7 0 | Х | | | | | | 7,440 | 0 | 0 |
| Dawn Bandle DIRECTOR | 7 0 | Х | | | | | | 13,732 | 0 | 0 |
| Norbert Paunovich DIRECTOR | 7 0 | Х | | | | | | 7,440 | 0 | 0 |
| Linda White DIRECTOR | 7 0 | Х | | | | | | 7,440 | 0 | 0 |
| Dolores McCracken DIRECTOR | 7 0 | Х | | | | | | 7,440 | 0 | 0 |
| Marc Howshall DIRECTOR | 7 0 | Х | | | | | | 7,440 | 0 | 0 |
| James Sando DIRECTOR | 7 0 | Х | | | | | | 7,440 | 0 | 0 |
| Linda Weaver DIRECTOR | 7 0 | Х | | | | | | 7,440 | 0 | 0 |
| Donna Milner DIRECTOR | 7 0 | Х | | | | | | 7,440 | 0 | 0 |
| Terrı Majors DIRECTOR | 7 0 | Х | | | | | | 7,440 | 0 | 0 |
| Marchelle Agostinelli DIRECTOR | 7 0 | Х | | | | | | 2,480 | 0 | 0 |
| Glen Galante DIRECTOR | 7 0 | Х | | | | | | 7,440 | 0 | 0 |
| Jeffrey Ney DIRECTOR | 7 0 | Х | | | | | | 2,480 | 0 | 0 |
| Fran Gerchman DIRECTOR | 7 0 | Х | | | | | | 7,440 | 0 | 0 |
| Mary Lou DeLuca DIRECTOR | 7 0 | Х | | | | | | 7,440 | 0 | 0 |
| Kevin Kantz DIRECTOR | 7 0 | Х | | | | | | 7,440 | 0 | 0 |
| | | | | | • | | 1 | 1 | | |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

| Compensated Employees, and Independent Contractors | | | | | | | | | | | |
|--|-------------------------|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|---|--|--|
| (A) Name and Title | (B) Average hours | | tion (that a | che |) | | | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of other | |
| | per week | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | from the organization (W- 2/1099-MISC) | from related organizations (W- 2/1099- MISC) | compensation from the organization and related organizations | |
| Linda Cook DIRECTOR | 7 0 | Х | | | | | | 7,440 | 0 | 0 | |
| Korri Brown DIRECTOR | 7 0 | Х | | | | | | 2,480 | 0 | 0 | |
| Thomas Beccone DIRECTOR | 7 0 | Х | | | | | | 7,440 | 0 | 0 | |
| Tamzen Butler DIRECTOR | 7 0 | Х | | | | | | 7,440 | 0 | 0 | |
| Mary Wills DIRECTOR | 7 0 | Х | | | | | | 7,440 | 0 | 0 | |
| Susan Grimm Mattox DIRECTOR | 7 0 | Х | | | | | | 7,440 | 0 | 0 | |
| Richard Askey DIRECTOR | 7 0 | Х | | | | | | 7,440 | 0 | 0 | |
| Joyce Snyder DIRECTOR | 7 0 | Х | | | | | | 7,440 | 0 | 0 | |
| Frederick Berestecky DIRECTOR | 7 0 | х | | | | | | 7,440 | 0 | 0 | |
| Donald Grenaldo DIRECTOR | 7 0 | Х | | | | | | 7,440 | 0 | 0 | |
| Marylou Stefanko DIRECTO R | 7 0 | Х | | | | | | 7,440 | 0 | 0 | |
| Debra Turici DIRECTOR | 7 0 | Х | | | | | | 7,440 | 0 | 0 | |
| Susan Jones Director | 7 0 | Х | | | | | | 7,440 | 0 | 0 | |
| Mary Moran Dırector | 7 0 | Х | | | | | | 2,480 | 0 | 0 | |
| Timothy Graham Director | 7 0 | Х | | | | | | 7,440 | 0 | 0 | |
| Valerie Brown Director | 7 0 | Х | | | | | | 7,440 | 0 | 0 | |
| Grace Bekaert Dırector | 7 0 | Х | | | | | | 7,440 | 0 | 0 | |
| Richard Bioteau Director | 7 0 | Х | | | | | | 7,440 | 0 | 0 | |
| Sam Talarico Director | 7 0 | Х | | | | | | 7,440 | 0 | 0 | |
| Teresa Redwinski Director | 7 0 | Х | | | | | | 7,440 | 0 | 0 | |
| Marsha Fabian Director | 7 0 | Х | | | | | | 7,440 | 0 | 0 | |
| Melvin Riddick Director | 7 0 | Х | | | | | | 7,440 | 0 | 0 | |
| John Springer Executive Director | 60 0 | | | | х | | | 191,881 | 0 | 76,912 | |
| George Hughes AED for Field Operations | 65 0 | | | | х | | | 165,829 | 0 | 40,500 | |
| David Wazeter AED for Program Services | 60 0 | | | | x | | | 164,585 | 0 | 63,520 | |

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

| Compensated Employees, and Independent Contractors | | | | | | | | | | | |
|--|-------------------------|-----------------------------------|------------------------|---------|--------------|------------------------------|--------|--|---|--|--|
| (A) Name and Title | (B) Average hours | | ((tion (that a | (che | | II | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation | (F) Estimated amount of other | |
| | per week | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | | from related organizations (W- 2/1099- MISC) | compensation from the organization and related organizations | |
| Gerard Brandon AED for Human Resources | 60 0 | | | | х | | | 165,673 | 0 | 62,976 | |
| Lynne Wilson General Counsel | 60 0 | | | | x | | | 175,856 | 0 | 65,917 | |
| Linda Morrow AED for Administrative Srvcs | 60 0 | | | | x | | | 160,181 | 0 | 63,083 | |
| Cindy Hake AED for IT | 60 0 | | | | x | | | 158,579 | 0 | 94,530 | |
| James Vaughan AED for Government Relations | 60 0 | | | | x | | | 156,781 | 0 | 76,746 | |
| Thomas Widitz UniServ Representative | 60 0 | | | | | х | | 177,918 | 0 | 18,647 | |
| Jeffrey Lewis UniServ Representative | 50 0 | | | | | х | | 176,200 | 0 | 58,190 | |
| Myra Reichart Communication Specialist | 60 0 | | | | | х | | 175,838 | 0 | 24,140 | |
| Joseph Kırk Fıeld Manager | 60 0 | | | | | Х | | 162,247 | 0 | 33,137 | |
| Rıchard Burrıdge Legal Fıeld Manager | 60 0 | | | | | х | | 158,021 | 0 | 54,364 | |