efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93491122000258 OMB No 1545-0052 **Return of Private Foundation** 2017 or Section 4947(a)(1) Trust Treated as Private Foundation Department of the Treasury Do not enter social security numbers on this form as it may be made public. Internal Revenue Service ▶ Information about Form 990-PF and its instructions is at www.irs.gov/form990pf. Inspection For calendar year 2017, or tax year beginning 01-01-2017 , and ending 12-31-2017 A Employer identification number Name of foundation 31-1649860 % LAURA PIRO Number and street (or P O box number if mail is not delivered to street address) 400 NORTH THIRD STREET **B** Telephone number (see instructions) (717) 255-7000 City or town, state or province, country, and ZIP or foreign postal code HARRISBURG, PA 17101 C If exemption application is pending, check here ☐ Initial return ☑ Initial return of a former public charity G Check all that apply D 1. Foreign organizations, check here Amended return ☐ Final return 2 Foreign organizations meeting the 85% test, check here and attach computation Address change Name change E If private foundation status was terminated ☑ Section 501(c)(3) exempt private foundation **H** Check type of organization under section 507(b)(1)(A), check here ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation I Fair market value of all assets at end J Accounting method ☐ Cash ☑ Accrual If the foundation is in a 60-month termination under section 507(b)(1)(B), check here of year (from Part II, col (c), ☐ Other (specify) line 16) \$ 76,801 (Part I, column (d) must be on cash basis ) Part I Analysis of Revenue and Expenses (The total (d) Disbursements for charitable Revenue and (b) Net investment (c) Adjusted net of amounts in columns (b), (c), and (d) may not necessarily expenses per books purposes equal the amounts in column (a) (see instructions) ) (cash basis only) Contributions, gifts, grants, etc , received (attach 39.581 schedule) Check ► ☐ If the foundation is **not** required to attach 2 . . . . . . . . . . . . 3 Interest on savings and temporary cash investments Dividends and interest from securities Gross rents . . . . . . Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 6a Gross sales price for all assets on line 6a\_ Capital gain net income (from Part IV, line 2) Net short-term capital gain . . . . Income modifications . . 10a Gross sales less returns and allowances

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b	Less Cost of goods sold				
С	Gross profit or (loss) (attach schedule)				
11	Other income (attach schedule)				
12	Total. Add lines 1 through 11	39,581	0		
13	Compensation of officers, directors, trustees, etc	0			
14	Other employee salaries and wages				
15	Pension plans, employee benefits				
16a	Legal fees (attach schedule)				
b	Accounting fees (attach schedule)				
С	Other professional fees (attach schedule)				
17	Interest				
18	Taxes (attach schedule) (see instructions)				
19	Depreciation (attach schedule) and depletion				
20	Occupancy				
21	Travel, conferences, and meetings				
22	Printing and publications				
23	Other expenses (attach schedule)				
24	Total operating and administrative expenses.				
	Add lines 13 through 23	0	0		0
25	Contributions, gifts, grants paid	42,998			42,998
26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	42,998	0		42,998
27	Subtract line 26 from line 12				
а	Excess of revenue over expenses and disbursements	-3,417			
b	Net investment income (If negative, enter -0-)		0		
_	Adjusted net income(if negative, enter -0-)			1	

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	1	Cash—non-interest-bearing	80,218	76,801	76,801
	2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less allowance for doubtful accounts ▶			
2	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe >)			
	16	Total assets (to be completed by all filers—see the			
		instructions Also, see page 1, item I)	80,218	76,801	76,801
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ap	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe >)			
	23	Total liabilities(add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here ▶   ✓			

		ınstructions Also, see page 1, item I)	80,218	76,801	
	17	Accounts payable and accrued expenses			
	18	Grants payable			
səi	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe			
	23	Total liabilities(add lines 17 through 22)	0	0	
-5		Foundations that follow SFAS 117, check here			

and complete lines 24 through 26 and lines 30 and 31. Unrestricted 150 356

76,801

76,801

2

3 4

5

6

80,218

-3,417

76,801

76,801 Form **990-PF** (2017)

80,218 80,218

Net Assets or Fund Balances 24 25 Temporarily restricted 80,068 76,445 26

Permanently restricted .

Foundations that do not follow SFAS 117, check here

Paid-in or capital surplus, or land, bldg, and equipment fund

Total net assets or fund balances (see instructions) .

Retained earnings, accumulated income, endowment, or other funds

Total liabilities and net assets/fund balances (see instructions) .

Analysis of Changes in Net Assets or Fund Balances

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Capital stock, trust principal, or current funds . . .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3 . . . . . .

Decreases not included in line 2 (itemize) ▶

27

28

29

30

31

Part III

2

3

Page **3** 

List and describe 2-story brick war	(a) the kind(s) of property sold (e g , re ehouse, or common stock, 200 shs	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )				
1a								
	(f)		(g)	,	h)			
<b>(e)</b> Gross sales price	Depreciation allowed (or allowable)	Cost or	other basis ense of sale	Gain o	r (loss) ) minus (g)			
а								
b								
c								
d								
e								
Complete only for assets	s showing gain in column (h) and ow	ned by the foundation	on 12/31/69	(	I)			
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	( <b>k)</b> of col (ı) (յ), ıf any	col (k), but not	h) gain minus less than -0-) <b>or</b> om col (h))			
a								
b								
С								
d								
e								
·	gain or (loss) as defined in sections		Part I, line 7	2				
if gain, also enter in Pa in Part I, line 8	art I, line 8, column (c) (see instructi		}	3				
Part V Qualification	Under Section 4940(e) for Re	educed Tax on Net	Investment In	come				
	private foundations subject to the se							
	•	ction is ro(a) tax on no	e in vestimente intesti	, ,				
If section $4940(d)(2)$ applies, by	eave this part blank ne section 4942 tax on the distributa	thle amount of any year	in the base period?	,	es 🔲 No			
	ot qualify under section 4940(e) Do		in the base period	ш.,	-3			
	nount in each column for each year,		making any entries	5				
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	(d) Distribution rati (col (b) divided by c				
2016				( (-,, -	(-//			
2015								
2014								
2013								
2012								
2 Total of line 1, column (	d)		2					
number of years the four	o for the 5-year base period—divide ndation has been in existence if less	than 5 years	<u>3</u>					
	oncharitable-use assets for 2017 fror	•	4					
<b>5</b> Multiply line 4 by line 3			5					
	ent income (1% of Part I, line 27b)		6					
			7					
	ions from Part XII, line 4 ,							
If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI								

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

7b

Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustee	es, foundation managers ar	nd their compensation	(see instructions).	
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				
				. "NO. 15 "
2 Compensation of five highest-pai	d employees (other than t	hose included on line 1		ne, enter "NONE."
(a)	Title, and average	(-) 6	Contributions to employee benefit	Expense account,
Name and address of each employee pa more than \$50,000	hours per week  (b) devoted to position	(c) Compensation	plans and deferred	(e) other allowances
· · ·			(d) compensation	
Total number of other employees paid over				- II
3 Five highest-paid independent co (a) Name and address of each persor			e of service	(c) Compensation
(a) Name and address of each person	r paid more than \$50,000	(b) Typ	e or service	(C) Compensation
		-		
		_		
T. I				
Total number of others receiving over \$50  Part IX-A Summary of Direct O			<u> •  </u>	
List the foundation's four largest direct charitable		ude relevant statistical inforn	nation such as the number of	_
organizations and other beneficiaries served, conf	ferences convened, research paper	s produced, etc	additional additional and the manifest of	Expenses
1				
2				
-				
3				
4				_
Part IX-B Summary of Program	n-Related Investments	(see instructions)		
Describe the two largest program-related inve	stments made by the foundation d	uring the tax year on lines 1	and 2	Amount
1				
2				
All other program-related investments				
3				
Fotal. Add lines 1 through 3 .		<del></del>		

2a

2h

2c

3

4

5

6

1a

1b

2

3a 3b

4

5

4.038

4.038

4,038

42,998

42.998

42,998

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Tax on investment income for 2017 from Part VI, line 5. . . . . .

Distributable amount before adjustments Subtract line 2c from line 1. . . . . . . . . . . . . . . .

Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . .

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . . . . . . . . .

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . . .

Income tax for 2017 (This does not include the tax from Part VI ). . .

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

2a

3

4 5

6

1

2

3

4

5

Part XII

**b** Total for prior years

a From 2012. . . . . **b** From 2013. . . . c From 2014. . . d From 2015. . . . . e From 2016. . . . . 4,038

4,038

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(d)

Page 9

Part XI

1 Distributable amount for 2017 from Part XI, line 7

3 Excess distributions carryover, if any, to 2017

2 Undistributed income, if any, as of the end of 2017 a Enter amount for 2016 only. . . . . .

f Total of lines 3a through e. . . . . . . . 4 Qualifying distributions for 2017 from Part XII, line 4 🕨 \$ a Applied to 2016, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election required—see instructions). . . . . . . . . .

**d** Applied to 2017 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a) )

**5** Excess distributions carryover applied to 2017 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . . . . c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . . . f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018 . . . . . 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . . . 8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . . **b** Excess from 2014. . c Excess from 2015. . . . d Excess from 2016. . . e Excess from 2017. . .

Subtract lines 7 and 8 from line 6a . . . . . .

indicated below:

F (20	017)	
П	Undistributed Income (	(see instructions)

2015 , 2014 , 2013

(a)

Corpus

38.960

38,960

38,960

38.960

(b)

Years prior to 2016

(c)

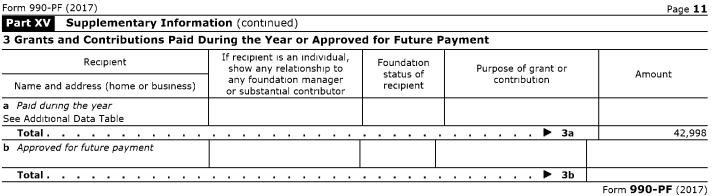
2016

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

See Additional Data Table

factors

See Additional Data Table



nter gross	amounts unless otherwise indicated	Unrelated bu	usiness income	Excluded by section	512, 513, or 514	(e) Related or exemp
Program	n service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions
b						
_	and contracts from government agencies rship dues and assessments.					
	st on savings and temporary cash					
ınvest	ments					
	ds and interest from securities					
	tal income or (loss) from real estate					
	financed property ebt-financed property					
	ntal income or (loss) from personal property					
	nvestment income					
	ory					
Net inc	ome or (loss) from special events					
	profit or (loss) from sales of inventory					
. Other r	evenue a					
	al Add columns (b), (d), and (e).					
				4	<u> </u>	
Intal	Add line 12 columns (h) (d) and (e)					
	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul			· · · · · <u>-</u> ,	3	
(See wo	orksheet in line 13 instructions to verify calculate  Relationship of Activities to the	lations ) e Accomplish	ment of Exem	pt Purposes		
(See wo	orksheet in line 13 instructions to verify calcul	lations ) e Accomplish income is report	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ited importantly to	)
(See wo art XVI ine No.	Prksheet in line 13 instructions to verify calculus  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations ) e Accomplish income is report	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ited importantly to	)
(See wo art XVI ine No.	Prksheet in line 13 instructions to verify calculus  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations ) e Accomplish income is report	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ited importantly to	
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(See wo art XVI ine No.	Prksheet in line 13 instructions to verify calculated Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations ) e Accomplish income is report	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ited importantly to	

orm 99	0-PF (2												Pag	ge <b>13</b>
Part 2	XVII	Information Re Exempt Organi		ansi	fers To a	nd Transac	tions	and F	Relatio	nships With Nor	ncharitab	le		
		anization directly or in ode (other than section									on 501		Yes	No
		om the reporting foun								-		$\neg$		
(1)	Cash.										. 1a	(1)	Yes	
(2)	Other	assets									. 1a	(2)		No
<b>b</b> Othe	r trans	actions												
(1)	Sales	of assets to a nonchar	ıtable exempt	orga	nızatıon.						. 1b	(1)		No
(2)	Purcha	ises of assets from a r	oncharitable (	exem	pt organiz	ation					1b	(2)		No
(3)	Rental	of facilities, equipmen	nt, or other as	sets.							1b	(3)		No
(4)	Reımb	ursement arrangemen	ts								_	(4)		No
(5)	Loans	or loan guarantees.									. 1b	(5)		No
		nance of services or m	•		_						_	(6)	Yes	
	-	acılıtıes, equipment, n										Lc		No
of th ın ar	e good ny trans	er to any of the above s, other assets, or ser saction or sharing arra	vices given by ingement, sho	the w in	reporting f column <b>(d</b>	oundation If t ) the value of	the four	ndatior ods, ot	n receive her asse	d less than fair mar ts, or services receiv	ket value ved			
<b>(a)</b> Line I 1a(1)	NO	(b) Amount involved	CENTRAL BUG			npt organization		•	E GRANT	transfers, transactions, -	and snaring	arran	gemen	ts
1a(1)			CUMBERLAND				_		E GRANT					
1b(6)		,	PA STATE ED							OF CHARGE				
		<u>-</u>												
	-													
desc	rıbed ır	dation directly or indirent section 501(c) of the mplete the following section 501(c) of the mplete the following section section is the following section in the following section in the following section is the following section in the following	Code (other to		section 50	1(c)(3)) or in s	section		_					No
PA STAT	E EDUC	(a) Name of organization  CASSOC	<u></u>		501(C)(6)	) Type of organiz	zation		AFFILIA	TE - SEE ATTACHED	or relations	ıμ		
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3,13300			301(0)(0)				7 (1 1 1 1 1 1 1 1	12 322 / 11 / 10 / 12 / 12				
٥.	of my	r penalties of perjury, knowledge and belief preparer has any kno	, it is true, co											
Sign Here		****				2018-05-02		retur		May the II return with the p				
	S	ignature of officer or t	rustee			Date		Tıtle		below (see instr	)? 🗸	Yes [	□ <sub>No</sub>	
		Print/Type preparer's	name	Prepa	arer's Sıgn	ature	Da	ate		Check if self-	PTIN	02883	383	
Paid		RUSSLEE ARMSTR	ONG							employed ▶ ☐	FO	.200.		
Prepa Use C			NT THORNTO				,			ı	Fırm's EIN I	<u> </u>		
		Firm's address ► 20	001 MARKET S	TREE	T SUITE 7	00								
		PHILADELPHIA, PA 19103								Phone no (	215)	561-4	1200	

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account. hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation Jeffrey Ney President (Start ٥ 9/20/17) 400 NORTH THIRD STREET 10 HARRISBURG, PA 17101 Dolores McCracken President (End 9/19/17) 400 NORTH THIRD STREET 1.0 HARRISBURG, PA 17101 Sandra Williams Secretary/Treas(Start O 9/20/17) 400 NORTH THIRD STREET 1.0 HARRISBURG, PA 17101 Stinson Stroup Secretary/Treas (End ٥ ٥ 9/19/17) 400 NORTH THIRD STREET 10 HARRISBURG, PA 17101 Caroline Allen Director 10 400 NORTH THIRD STREET HARRISBURG, PA 17101 Linda Cook Director 0 10 400 NORTH THIRD STREET HARRISBURG, PA 17101 Mary Wills Director (Start 3/13/17) 0 10

Director (End 3/12/17)

10

400 NORTH THIRD STREET HARRISBURG, PA 17101

400 NORTH THIRD STREET HARRISBURG, PA 17101

James Weaver

Form 990PF Part XV Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: a The name, address, and telephone number of the person to whom applications should be addressed Book Drive Grants

Harrisburg, PA 171051724 (717) 255-7000 **b** The form in which applications should be submitted and information and materials they should include

PSEA Exec Director PO Box 1724

Applications for any PSEA Education Foundation Grant Program must be submitted on the PSEA Education Foundation approved application form Information requested on the application varies by specific grant program c Any submission deadlines

No specific submission deadline Applicant may only receive one grant within program year (9/1-8/31) factors

for distribution and engaging the community, distributing books to children in need, and encouraging students to read

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other Book Drive Grants are awarded to PSEA affiliated local associations, PSEA Regions, PSEA Divisions, or a representative of a membership category of PSEA, or their charity or school organization partners in the book drive. The book drives' primary goals must be collecting books Form 990PF Part XV Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: The name, address, and telephone number of the person to whom applications should be addressed Welfare Assistance Grants

**b** The form in which applications should be submitted and information and materials they should include Applications for any PSEA Education Foundation Grant Program must be submitted on the PSEA Education Foundation approved application form Information requested on the application varies by specific grant program

PSEA RW Committee PO Box 1724 Harrisburg, PA 171051724

(717) 255-7000

c Any submission deadlines No specific submission deadline Applicant may only receive one grant within program year (9/1-8/31)

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors Welfare Assistance Grants are awarded to members of the Pennsylvania State Education Association (PSEA), on the basis of need, to those who are experiencing dire hardship through illness, disability, and/or other financial need

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of

Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
VALLEY VIEW SCHOOL DISTRICT 3 COLUMBUS DR ARCHIBALD, PA 18403	N/A	GOV	Book Drive Grant	998
CENTRAL BUCKS EDUCATION	N/A	NC	Book Drive Grant	1 00

AKCHIDALD, FA 10403				
CENTRAL BUCKS EDUCATION ASSOCIATION 638 BELLFLOWER BOULEVARD WARRINGTON, PA 18976	N/A	NC	Book Drive Grant	1,000
CUMBERLAND VALLEY EDUCATION	N/A	NC	Book Drive Grant	1,000

AIRCHIBAEB, IA 10103				
CENTRAL BUCKS EDUCATION ASSOCIATION 638 BELLFLOWER BOULEVARD WARRINGTON, PA 18976	N/A	NC	Book Drive Grant	1,000
CUMBERLAND VALLEY EDUCATION ASSOCIATION 21 WARWICK CIRCLE MECHANICSBURG, PA 17050	N/A	NC	Book Drive Grant	1,000

ASSOCIATION 638 BELLFLOWER BOULEVARD WARRINGTON, PA 18976				_,,,,,
CUMBERLAND VALLEY EDUCATION ASSOCIATION 21 WARWICK CIRCLE MECHANICSBURG, PA 17050	N/A	NC	Book Drive Grant	1,000
KOSER PHIL J400 North Third Street Harrisburg, PA 17101	None	I	Welfare Assistance Grant	1,500

	CUMBERLAND VALLEY EDUCATION ASSOCIATION 21 WARWICK CIRCLE MECHANICSBURG, PA 17050	N/A	NC	Book Drive Grant	1,000
,	KOSER PHIL J400 North Third Street Harrisburg, PA 17101	None	I	Welfare Assistance Grant	1,500
	MITCHELL GWEN C	None	I	Welfare Assistance Grant	1,500

MECHANICSBURG, PA 17050				
KOSER PHIL J400 North Third Street Harrisburg, PA 17101	None	I	Welfare Assistance Grant	1,500
MITCHELL GWEN C 400 North Third Street	None	I	Welfare Assistance Grant	1,500

Harrisburg, PA 17101	Tione	•	Wellare / losistance Grant	1,500
MITCHELL GWEN C 400 North Third Street Harrisburg, PA 17101	None	I	Welfare Assistance Grant	1,500

MITCHELL GWEN C 400 North Third Street	None	I	Welfare Assistance Grant	1,50
Harrisburg, PA 17101				1
Total				42,998

За

#### Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year YOUNG KYLE400 North Third Street None Welfare Assistance Grant 1,500 Harrisburg, PA 17101 WATTS CARLOTTA A None Welfare Assistance Grant 1,500

400 North Third Street Harrisburg, PA 17101				
SWEENEY TANOUE-ONISHI 400 North Third Street Harrisburg, PA 17101	None	I	Welfare Assistance Grant	

WEENEY TANOUE-ONISHI 00 North Third Street Iarrisburg, PA 17101	None	I	Welfare Assistance Grant	
IURPHY WENDY L 00 North Third Street	None	I	Welfare Assistance Grant	

MCDOWELL DARREN C	Niere		W-15 A	
MURPHY WENDY L 400 North Third Street Harrisburg, PA 17101	None	I	Welfare Assistance Grant	

MURPHY WENDY L 400 North Third Street Harrisburg, PA 17101	None	I	Welfare Assistance Grant	
MCDOWELL DARREN S	None	I	Welfare Assistance Grant	

MURPHY WENDY L 100 North Third Street Harrisburg, PA 17101	None	I	Welfare Assistance Grant	1,500
MCDOWELL DARREN S	None	I	Welfare Assistance Grant	1,500

1,500

100 North Third Street Harrisburg, PA 17101	None	1	Wenare Assistance Grant	1,.
MCDOWELL DARREN S	None	I	Welfare Assistance Grant	1,5

Harrisburg, PA 17101				
MCDOWELL DARREN S 400 North Third Street Harrisburg, PA 17101	None	I	Welfare Assistance Grant	1,500

MCDOWELL DARREN S 400 North Third Street Harrisburg, PA 17101	None	I	Welfare Assistance Grant	1,5

400 North Third Street Harrisburg, PA 17101		
Total	 	 42,998

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year BELL STACY400 North Third Street None Welfare Assistance Grant 1,500

Harrisburg, PA 17101				
MAGNELLI ALLAN C 400 North Third Street Harrisburg, PA 17101	None	I	Welfare Assistance Grant	1,500
HORVATH JUSTINE M	None	I	Welfare Assistance Grant	1,500

······································				
IORVATH JUSTINE M 00 North Third Street Iarrisburg, PA 17101	None	I	Welfare Assistance Grant	1,500
ICENDREE CARMELITA 00 North Third Street	None	I	Welfare Assistance Grant	1,500

Harrisburg, PA 17101				
MCENDREE CARMELITA 400 North Third Street Harrisburg, PA 17101	None	I	Welfare Assistance Grant	1,500
SCHARRER KARENIM	None	Т	Welfare Assistance Grant	1 500

Harrisburg, PA 17101				
MCENDREE CARMELITA 400 North Third Street Harrisburg, PA 17101	None	I	Welfare Assistance Grant	1,5
SCHARRER KAREN M	None	T	Welfare Assistance Grant	1 5

3a

MCENDREE CARMELITA 100 North Third Street Harrisburg, PA 17101	None	I	Welfare Assistance Grant	1,500
SCHARRER KAREN M 100 North Third Street	None	I	Welfare Assistance Grant	1,500

Harrisburg, PA 17101				
SCHARRER KAREN M 400 North Third Street Harrisburg, PA 17101	None	I	Welfare Assistance Grant	1,500

· · · · · · · · · · · · · · · · · · ·				1
SCHARRER KAREN M 400 North Third Street Harrisburg, PA 17101	None	I	Welfare Assistance Grant	1,500
Total				42,998

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year BOSSINGER KIMBRA D None Welfare Assistance Grant 1,500 400 North Third Street Harrisburg, PA 17101 Welfare Assistance Grant RODGERS CATHLEEN None 1,500 400 North Third Street Harrichurg PA 17101 1,500

Trainibbarg, inc. 17101				
CLARK WENDY H400 North Third Street Harrisburg, PA 17101	None	I	Welfare Assistance Grant	1,500
REBHOLZ MARGARET C 400 North Third Street Harrisburg, PA 17101	None	I	Welfare Assistance Grant	1,500

Welfare Assistance Grant None

ROWE NANCY A400 North Third Street Harrisburg, PA 17101

Total . . 42,998

form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment							
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount			
a Paid during the year							
GHETIAN STACEY400 North Third Street Harrisburg, PA 17101	None	I	Welfare Assistance Grant	1,500			
SKOFF LOLA R400 North Third Street Harrisburg, PA 17101	None	I	Welfare Assistance Grant	1,500			
BRACKEN BOYD T400 North Third Street Harrisburg, PA 17101	None	I	Welfare Assistance Grant	1,500			
AYERS DEBORAH400 North Third Street Harrisburg, PA 17101	None	I	Welfare Assistance Grant	1,500			
AKIMOV SERGEY I 400 North Third Street Harrisburg, PA 17101	None	I	Welfare Assistance Grant	1,500			

3a

42,998

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year MONACO KEITH D400 North Third Street | None Welfare Assistance Grant 2.000 Harrisburg, PA 17101

GRASTY MIGUELINA 400 North Third Street Harrisburg, PA 17101	None	I	Welfare Assistance Grant	1,500
SPEAR JANET E400 North Third Street Harrisburg, PA 17101	None	I	Welfare Assistance Grant	1,500
CANNON NICOLE400 North Third Street	None	I	Welfare Assistance Grant	2,000

42,998

Harrisburg, PA 17101

Total .

3a

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93491122000258 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. TY 2017 Depreciation Schedule

# Name: PSEA Education Foundation EIN: 31-1649860

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

## TY 2017 Expenditure Responsibility Statement

Name: PSEA Education Foundation

**EIN:** 31-1649860

Grantee's Name	Grantee's Address	Grant Date	Grant Amount	Grant Purpose	Amount Expended By Grantee	Any Diversion By Grantee?	Dates of Reports By Grantee	Date of Verification	Results of Verification
CENTRAL BUCKS EDUCATION ASSOCIATION	638 BELLFLOWER BOULEVARD WARRINGTON, PA 18976	2017-11-03	1,000	BOOK DRIVE	1,000	NO	10/30/2017, 01/02/2018	2018-01-02	Receipts were recieved on 10/30/2017 and Questionaire responses were recieved on 01/02/2018. Questionnaire was completed after the book drive that asked them to provide the following informationNumber of books collected, purchased, and distributedNumber of recipientsDescription any problems they encountered in the process of distributing booksAny suggestions for improving the Foundations book drive grant program.
CUMBERLAND VALLEY EDUCATION ASSOCIATION	21 WARWICK CIRCLE MECHANICSBURG, PA 17050	2017-12-15	1,000	BOOK DRIVE	1,000	NO	12/11/2017	2017-12-11	Receipts and Questionaire responses were recieved on 12/11/2017 Questionnaire was completed after the book drive that asked them to provide the following information - Number of books collected, purchased, and distributed - Number of recipients - Description any problems they encountered in the process of distributing books - Any suggestions for improving the Foundations book drive grant program

### **TY 2017 General Explanation Attachment**

Name: PSEA Education Foundation

**EIN:** 31-1649860

#### Control of the contro

general E	xplanation A	ttachment	
Identifier	Return Reference	Explanation	
1	GENERAL INFORMATION	GENERAL INFORMATION	This tax year 2017 is PSEA Education Foundations (Foundation) first Federal Form 990-PF Return of Private Foundation The Foundation previously qualified for public charity status as an IRC Section 509(a)(2) organization and filed Form 990-EZ Return of Organization Exempt from Income Tax or 990-N Postcard The Foundations public support from contributions, membership fees, and receipts from activities related to its exempt function declined below the required 33 1/3 % average The Foundation is predominantly supported by its affiliated organization, the Pennsylvania State Education Association, an IRC Section 501(c)(6) organization w hose mission is to advocate for quality public education and its members through collective action

**Identifier** Return Explanation Reference

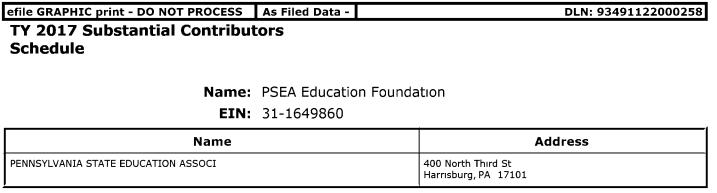
Part XVII, Line 2b, The PSEA Education Foundation (Foundation) is affiliated with the Pennsylvania State

	RELATIONSHIP	Description of	Education Association (PSEA) PSEA provides services to the Foundation such as
		Relationship	administrative and technical support, accounting and financial reporting services, information
			technology support, and management consulting PSEA also engages in fundraising and
			solicitation activities for the Foundation PSEA provides these services free of charge. These
. [			services are documented though an administrative services agreement between PSEA and

the Foundation

**General Explanation Attachment** 

AFFILIATE



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Schedule B		Schedu	ule of Contribute	ors		OMB No 1545-0047			
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Information a	ons is at	2017						
Name of the organization PSEA Education Foundation					Employer id	dentification number			
Organization type (check	one)				31-1649860				
	•								
Filers of:	Section:								
Form 990 or 990-EZ	☐ 501(c)(	501(c)( ) (enter number) organization							
	☐ 4947(a)( <sup>2</sup>	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation							
	☐ 527 politi	☐ 527 political organization							
Form 990-PF	<b>✓</b> 501(c)(3)	exempt private fo	undation						
	4947(a)(	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	☐ 501(c)(3)	501(c)(3) taxable private foundation							
			PF that received, during complete Parts I and II S						
Special Rules									
under sections 509	(a)(1) and 170(b) one contributor, d	(1)(A)(vi), that che uring the year, tota	g Form 990 or 990-EZ th cked Schedule A (Form al contributions of the gr plete Parts I and II	990 or 990-EZ), P	art II, line 13,	16a, or 16b, and that			
during the year, total	al contributions of	f more than \$1,000	or (10) filing Form 990 Dexclusively for religious animals Complete Part	s, charitable, scien					
during the year, cor If this box is checked purpose Don't com	ntributions exclus ed, enter here the iplete any of the p	ively for religious, total contributions parts unless the <b>G</b>	or (10) filing Form 990 charitable, etc., purpose s that were received duri eneral Rule applies to the or more during the year	es, but no such cor ing the year for an his organization be	ntributions tota exclusively re ecause it recei	aled more than \$1,000 eligious, charitable, etc , ived <i>nonexclusively</i>			
Caution. An organization t 990-EZ, or 990-PF), but it it Form 990-EZ or on its Form 990-EZ, or 990-PF)	<b>must</b> answer "No	on Part IV, line 2	, of its Form 990, or che	ck the box on line	H of its				
For Paperwork Reduction Act for Form 990, 990-EZ, or 990-P		ructions	Cat No 30613X	Sched	ule B (Form 990	o, 990-EZ, or 990-PF) (2017)			

Name of organization Employer identification number PSEA Education Foundation 31-1649860 Part I Contributors (See instructions) Use duplicate copies of Part I if additional space is needed (d) (a) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person PENNSYLVANIA STATE EDUCATION ASSOCI **Payroll** 400 North Third St \$ 39,375 Noncash Harrisburg, PA17101 (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (d) (b) (c) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** Name, address, and ZIP + 4 No. Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (c) (d) (b) No. Total contributions Type of contribution Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions) Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)