Form **990**

DLN: 93493115006130 OMB No. 1545-0047 **Return of Organization Exempt From Income Tax**

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

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

Treasu			► Go to <u>www.irs.gov</u>	v/Form990 for instructions and the	latest in	iformation.	Inspection
		nue Service	alendar vear or tay vear heginn	ing 09-01-2018 , and ending 08-3	31_2010		
		oplicable:	C Name of organization		31-2019	D Employer id	dentification number
	dress c		Pennsylvania State Education Associat	tion		23-096112	5
	me cha	-	% JEFFREY D NEY TREASURER Doing business as				J
	tial retu al return	urn ı/terminated	boning business us				
		return		il is not delivered to street address) Room/s	uite	E Telephone nu	ımber
□ Ар	plicatio	n pending	400 North Third Street			(717) 255-	7000
			City or town, state or province, count Harrisburg, PA 17101	ry, and ZIP or foreign postal code			
					_	G Gross receipt	ts \$ 74,999,500
			F Name and address of principal JEFFREY D NEY Treasurer	officer:		Is this a group returr	
			400 North Third Street			subordinates? Are all subordinates	☐Yes ☑No
T Ta	v-evem	npt status:	Harrisburg, PA 17101		┤ ` ´	included?	☐ Yes ☐No
		<u>'</u>	□ 501(c)(3) □ 501(c)(6) ◀ (i	nsert no.) 4947(a)(1) or 527	I	If "No," attach a list.	•
J W	ebsite	e:► www	w.psea.org		"(c)	Group exemption nur	nber ▶
V Forr	n of or	ganization:	☑ Corporation ☐ Trust ☐ Associ	ation Other •	L Year o	f formation: 1852 M	State of legal domicile: PA
N FUII	II OI OIQ	ganization.	Corporation in Trust in Associ	ation 🗀 Other 🕨			
Pa	art I	Sumi	mary		•		
			cribe the organization's mission or		OLL ECTIV	E ACTION	
Ce		O ADVOC	ATE FOR QUALITY PUBLIC EDUCAT	TON AND OUR MEMBERS THROUGH C	OLLECTIV	E ACTION.	
E	-						
lel	-						
Governance				ontinued its operations or disposed of body (Part VI, line 1a)		n 25% of its net asset	ts. 3 4
	l			the governing body (Part VI, line 1b)			4 4
ies	l		•	endar year 2018 (Part V, line 2a)			5 27
Activities &	6	Total num	nber of volunteers (estimate if nece	essary)			6 2,70
AC	7a -	Total unre	elated business revenue from Part \		7a 101,75		
	b	Net unrel	ated business taxable income from	Form 990-T, line 34			7b 45,80
9:						Prior Year	Current Year
	8 (Contribut	ions and grants (Part VIII, line 1h)			0	
Ravenue	9	Program :	service revenue (Part VIII, line 2g)	71,216,217	70,385,50		
₽ÿ	10	Investme	nt income (Part VIII, column (A), lin	2,751,843	3,491,35		
	1	1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					733,41
				t equal Part VIII, column (A), line 12)		74,729,915	
			nd similar amounts paid (Part IX, co	* **		453,076	
			paid to or for members (Part IX, colu	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		29,251	29,14
Expenses				efits (Part IX, column (A), lines 5–10)		47,285,970	45,719,69
£	١.		nal fundraising fees (Part IX, colum	, ,,		0	
3	l		aising expenses (Part IX, column (D), lir penses (Part IX, column (A), lines 1:	·		17,718,640	18,313,24
			enses. Add lines 13–17 (must equa	•		65,486,937	64,508,29
	l		less expenses. Subtract line 18 fror			9,242,978	
× 00		Revenue	less expenses. Subtract mile 16 hor		Begi	nning of Current Year	End of Year
Net Assets or Fund Balances							
Bal	20	Total asse	ets (Part X, line 16)			126,885,279	137,995,41
절			ilities (Part X, line 26)			38,166,832	65,730,27
			s or fund balances. Subtract line 21	I from line 20		88,718,447	72,265,14
	rt II		ature Block	ned this return, including accompanying	a schodul	os and statements as	nd to the best of my
know	ledge	and belie		Declaration of preparer (other than off			
any k	nowle	dge.					
		*****	•			2020-04-17	
Sign		Signatu	re of officer			Date	
Here	•	JEFFRE	Y D NEY Treasurer				
		Type or	print name and title				
		Pi	rint/Type preparer's name	Preparer's signature	Date	Check I if PTIN	I 532355
Paid		<u> </u>	A COMMETTICE CONT.			self-employed	
	pare	; I	rm's name F GRANT THORNTON LLP			Firm's EIN ►	
Use	Onl	ly F	rm's address ▶ 2001 MARKET STREET SI	UITE 700		Phone no. (215) 561-	-4200
			PHILADELPHIA, PA 1910	03			
May t	he IRS	S discuss	this return with the preparer shown	n above? (see instructions)			☑ Yes ☐ No

Form	n 990 (2018)				Page 2
Pa	art III Statement	of Program Service Ac	complishments		
	Check if Sche	edule O contains a response o	r note to any line in this Part III .		🗹
1		organization's mission:	•		
<u>TO A</u>	DVOCATE FOR QUALI	TY PUBLIC EDUCATION AND C	OUR MEMBERS THROUGH COLLEC	TIVE ACTION.	
2	Did the organization	undertake any significant pro	gram services during the year wh	nich were not listed on	
	the prior Form 990 o	or 990-EZ?			🗌 Yes 🗹 No
	If "Yes," describe the	ese new services on Schedule	0.		
3	Did the organization	cease conducting, or make si	gnificant changes in how it condu	cts, any program	
	services?	🗌 Yes 🗹 No			
	If "Yes," describe the	ese changes on Schedule O.			
4	Section 501(c)(3) ar		required to report the amount o	argest program services, as meast f grants and allocations to others, t	
	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data				<u> </u>
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data				
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data				
4d	Other program servi	ices (Describe in Schedule O.)			
	(Expenses \$	including	grants of \$) (Revenue \$)
4e	Total program ser	vice expenses ►			
					Form 990 (201

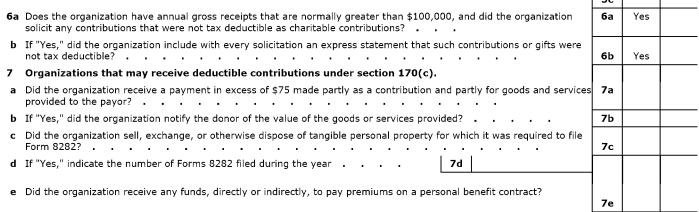
Form	orm 990 (2018) Page										
Pai	tiv Checklist of Required Schedules										
	7 11 11 11 11 11 11 11 11 11 11 11 11 11		Yes	No							
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No ———							
	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2		No							
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	Yes								
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4									
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes								
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No							
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No							
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No							
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No							
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No							
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.										
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes								
	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							
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No							
	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 2	11d		No							
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes								
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes								
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a		No							
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes								
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No							
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No							
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No							
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No							
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No							
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No							
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No							
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No							
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No							
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b									
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes								
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes								

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ar	Checklist of Required Schedules (continued)			
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	Yes Yes	No
а	Schedule J	24a		No
)	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
I	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
)	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		
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
)	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
	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
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
	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
	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
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
3	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
)	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
	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		
	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
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
ai	Statements Regarding Other IRS Filings and Tax Compliance			
_	Check if Schedule O contains a response or note to any line in this Part V	<u>. i</u>	Voc	
а	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 274		Yes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			

	UIIS TECUTION			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No

4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
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 organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes	
	TO DESCRIPTION OF THE PROPERTY			

5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
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 organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	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 services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		



Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

Gross income from other sources (Do not net amounts due or paid to other sources

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.

a Is the organization licensed to issue qualified health plans in more than one state?

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

Section 501(c)(29) qualified nonprofit health insurance issuers.

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O.

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .

Sponsoring organizations maintaining donor advised funds.

Section 501(c)(7) organizations. Enter:

11 Section 501(c)(12) organizations. Enter:

a Gross income from members or shareholders . .

7f

7g

7h

8

9a

9h

12a

13a

14a

14b

15

No

Nο

Form 990 (2018)

10a

10b

11a

11b

12b

13b

13c

Form	990 (2018)			Page 6				
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	·	onse to i	lines 🗸				
Se	ction A. Governing Body and Management							
1a	Enter the number of voting members of the governing body at the end of the tax year 46		Yes	No				
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
b	b Enter the number of voting members included in line 1a, above, who are independent 1b 41							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No				
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No				
6	Did the organization have members or stockholders?	6	Yes					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		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?	8 b	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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No				
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code						
			Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10a	Yes					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes					
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes					
13	Did the organization have a written whistleblower policy?	13	Yes					
14	Did the organization have a written document retention and destruction policy?	14	Yes					
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt							
	status with respect to such arrangements?	16b						
Se	ction C. Disclosure							
17	List the States with which a copy of this Form 990 is required to be filed▶							
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website 🗹 Upon request 🗌 Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records:							

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

Check if Schedule O contains a response or note to any line in this Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. • List all of the organization's current key employees, if any. See instructions for definition of "key employee."

- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the
- organization and any related organizations. • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) (B) (C) (D) (F) (E) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person amount of other compensation compensation week (list is both an officer and a from the from related compensation organization (Wany hours director/trustee) organizations from the for related 2/1099-MISC) (W- 2/1099organization and Former Highest compensatemployee Individual trustee or director Officer organizations (ey employee MISC) related Institutional below dotted organizations line) Trustee See Additional Data Table

359,487

346,296

336,630

Form **990** (2018)

FOITH	990 (2018)													Page 8
Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one bo ooth a direct	ox, u an off tor/t	ot che unles fficer truste	<u> </u>	rson a	(D) Reportable compensation from the organization (W- 2/1099-MISC) (E) Reportable compensation from related organizations (2/1099-MISC)			w-	Estima amount o compens from t organizati	ated of other sation the ion and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					relati organiza	
See A	Additional Data Table	+				\Box								
						\Box						\top		
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		+		\vdash	+	\vdash		+-				+		
		 		\vdash	+	+-	 	+				+		
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		<u> </u> '	<u> </u>	ــــــ	<u> </u>	<u> </u>		<u> </u>	<u> </u>			4		
		!		$oxed{oxed}$	'	<u> </u>	<u> </u>	<u> </u>						
сТ	Sub-Total	Part VII , Section .	Α				*	_	3,	.538,371		0		1,167,854
2	Total number of individuals (including of reportable compensation from the	g but not limited	to thos				e) who	rece						<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
													Yes	No
3	Did the organization list any former									mpensated	employee on		\dagger	
	line 1a? If "Yes," complete Schedule 3											3	Yes	
4	For any individual listed on line 1a, is organization and related organization individual	ns greater than \$	\$150,000	0? <i>If</i>	"Yes	s," co	omplet	te Sc	chedule J	for such				
5	Did any person listed on line 1a receivervices rendered to the organization	ive or accrue con	mpensat	tion fr	rom	any	/ unrela	ated	organiza			4	Yes	
		· · ·						30.,	<u> </u>		· · ·	5		No
1	ection B. Independent Contract Complete this table for your five high from the organization. Report comper	nest compensate										npens	sation	
		(A) and business addre							1		(B) ription of services		(C Compen	
218 Pi	n Gephart, Pine Street ISBURG, PA 17101	and business aga.	:33							Legal Servic	-			497,773
Intelli 3930	iprint Solutions Inc, Chambers Hill Road									Printing				462,636

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Advertising

Digital Comm/Adver.

IT Professional Srv

HARRISBURG, PA 17111

718 Arch Street Suite 200NW PHILADELPHIA, PA 19106

compensation from the organization ▶ 13

RIDERWOOD, MD 21139

Mansi Media,

Motifworks, PO Box 428

3899 N Front St HARRISBURG, PA 17110 DDC Works Inc,

Prog	f All other program ser	vice revenue.					
	gTotal. Add lines 2a–2	f	70,38	5,501			
	3 Investment income (in similar amounts) .	ncluding dividends, ir	terest, and other	3,231,041			3,231,041
	4 Income from investme	ent of tax-exempt bo	nd proceeds 🕒 🗖	0			
	5 Royalties		▶∫	135,872			135,872
	[(i) Real	(ii) Personal				
	6a Gross rents						
		36,008					
	b Less: rental expenses	23,985					
	c Rental income or (loss)	12,023	0				
	d Net rental income or	(loss)	• • •	12,023			12,023
]	(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	625,559					
	b Less: cost or other basis and sales expenses	365,247					
	C Gain or (loss)	260,312					
	d Net gain or (loss) .	-	>	260,312			260,312
<u>e</u>	8a Gross income from fu (not including \$	of of					
Other Revenue	contributions reporte See Part IV, line 18	a	0				
Re	b Less: direct expenses	sb	0				
er	c Net income or (loss)	from fundraising eve	nts 🕨	0			
O.	9a Gross income from g. See Part IV, line 19	aming activities. • • • a	0				
	b Less: direct expenses	_	0				
	c Net income or (loss)	L	es	o			
	10aGross sales of invent returns and allowanc	ory, less	0				
	b Less: cost of goods s	old b	0	0			
	Net income or (loss)			0			
	Miscellaneous		Business Code 900099	228,146	228,146		
	11aMEMBERSHIP SERVI	CES REVENUE	300099	220,140	220,140		
	b LEGAL FEE RECOVER	RIES	900099	244,885	244,885		
	c STRIKE LOAN RECOV	/ERIES	900099	10,375	10,375		
	d All other revenue .	 		102,113	102,113		
	e Total. Add lines 11a-	_	•	585,519			
	12 Total revenue. See	Instructions	🕨	·	70.533.53	,	0.655.516
				74,610,268	70,869,265	101,755	3,639,248 Form 990 (2018)
							101111 990 (2010)

For	n 990 (2018)				Page 10
	art IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co	-			_
	Check if Schedule O contains a response or note to any	line in this Part IX .			<u> 🗆</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	404,691			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	41,521			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4	Benefits paid to or for members	29,140			
5	Compensation of current officers, directors, trustees, and key employees	3,625,749			
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	26,124,359			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	4,560,386			
9	Other employee benefits	9,243,661			
10	Payroll taxes	2,165,543			
11	Fees for services (non-employees):				
ā	a Management	0			
ı	Legal	1,431,551			
•	c Accounting	177,009			
•	d Lobbying	79,634			
•	e Professional fundraising services. See Part IV, line 17	0			
1	Investment management fees	38,500			
ģ	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	706,097			
12	Advertising and promotion	1,139,295			
	Office expenses	2,292,783			
14	Information technology	1,507,769			
15	Royalties	0			
16	Occupancy	1,863,596			
17	Travel	2,196,266			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .	4,968			
19	Conferences, conventions, and meetings	2,861,150			
20	Interest	1,016			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	598,870			
23	Insurance	103,126			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a LOCAL AFFILIATE REBATES	764,512			
	b SETTLEMENT FEES	606,793			
	c TRANSFER TO SSF	733,395			
	d BANK/CRDIT CRD PROC FEES	695,892			
	e All other expenses	511,024			
25	Total functional expenses. Add lines 1 through 24e	64,508,296			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ► ☐ if following SOP 98-2 (ASC 958-720).				

Form	1 990	(2018)					Page 11
P	art X	Balance Sheet					
		Check if Schedule O contains a response or not	te to ar	ny line in this Part IX			🗆
		·			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			505,732	1	169,335
	2	Savings and temporary cash investments .			59,001,155	2	63,273,206
	3	Pledges and grants receivable, net	0	3	0		
	4	Accounts receivable, net	1,107,323	4	824,211		
s	5	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L	nployees. Complete	0	5	0	
	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations Part II of Schedule L	0	6	0		
ssets	7	Notes and loans receivable, net	0	7	0		
Ass	8	Inventories for sale or use		0	8	0	
~	9	Prepaid expenses and deferred charges			2,509,953	9	2,671,314
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	27,380,052			
	ь	Less: accumulated depreciation	10b	19,293,437	4,478,622	10c	8,086,615
	11	Investments—publicly traded securities .			58,989,703	11	62,639,767
	12	Investments—other securities. See Part IV, line	11 .		0	12	0
	13	Investments—program-related. See Part IV, line	∍ 11 .	0	13	0	
	14	Intangible assets	0	0			
	15	Other assets. See Part IV, line 11		292,791		330,970	
	16	Total assets.Add lines 1 through 15 (must equ	ıal line	34)	126,885,279	16	137,995,418
	17	Accounts payable and accrued expenses		32,179,764	17	60,267,802	
	18	Grants navable			0	12	0

13	Investments—program-related. See Part IV, line 11	0	13	0
14	Intangible assets	0	14	0
15	5 Other assets. See Part IV, line 11	292,791	15	330,970
16	5 Total assets.Add lines 1 through 15 (must equal line 34)	126,885,279	16	137,995,418
17	7 Accounts payable and accrued expenses	32,179,764	17	60,267,802
18	B Grants payable	0	18	0
19	Deferred revenue	3,335,010	19	2,785,103
20	Tax-exempt bond liabilities	0	20	0

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

persons. Complete Part II of Schedule L .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

and other liabilities not included on lines 17 - 24).

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > \quad \text{and complete lines 30 through 34.}

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

Paid-in or capital surplus, or land, building or equipment fund .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and

21

23

24

25

26

27

28

29

30

31

32

33

34

Liabilities

Assets or Fund Balances

Net

0

0 22

0

0

2,652,058

38.166.832

88.718.447

88,718,447

126,885,279

21

23

24

25

26

27

29

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31 32

33

34

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2,677,366

65.730.271

72.265.147

72,265,147

137,995,418

Form **990** (2018)

3a

3h

No

Form 990 (2018)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 23-0961125

Name: Pennsylvania State Education Association

Form 990 (2018)

Form OOO Bort III Line

Form 990, Part III, Line 4a:
Field Services: The field services division provides direct support and service to local labor union associations, their leaders and approximately 180,000 members in areas such as: internal organizing and member engagement; consultation and referral on professional and labor issues; local association advocacy through collective bargaining and contract enforcement; legislative support; community/public relations; member rights and leadership training and development. Field services also supports and administers efforts to organize new local associations.

Legal Services: The legal division is responsible for providing legal services to PSEAs approximately 180,000 members and to over 1,000 local affiliates. PSEA represents locals with respect to bargaining and contract issues and represents members in all employment-related matters in arbitration or before state agencies. Each year, the

attorneys collectively open and work on over 1,000 cases. In addition, the legal division advises and represents PSEA as an organization, undertakes litigation as needed on behalf of PSEA, its locals, and members on matters of statewide importance involving constitutional or statutory rights, and coordinates a number of programs including the

Form 990, Part III, Line 4b:

Educators Employment Liability program and the associations liability insurance policy.

Form 990, Part III, Line 4c:

Communication Services: The communications division produces many publications focused on issues relevant to members including a magazine, several print newsletters, and several electronic newsletters. Other professional publications are available containing research, best practices, and useful tips and suggestions for members. Communications writes and produces the following print publications: Voice, the all-member magazine, distributed to all members. 5 times a year; Statement, a newsletter

for PSEA-Retired members, distributed to 27,000 PSEA-Retired members four times a year; Dispatch, a newsletter for PSEAs ESP members, distributed to 32,000 ESP members four times a year; and Pulse, a newsletter for PSEAs HealthCare members. In addition, Communications writes, produces, and deploys 12 electronic newsletters,

including Connected, the all-member e-newsletter, distributed to about 141,000 members, monthly; and President To President, an e-newsletter from the PSEA President to

local presidents, distributed to about 1.000 local leaders, monthly, Communications also publishes other membership materials, is responsible for arts and graphics materials

for the entire organization, shoots, edits, and deploys videos, and designs and maintains a sophisticated website with both public and members-only elements.

(A) (E) (B) (C) (D) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation from the

	any hours		a dir	ecto		ustee))	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Richard W Askey	55.0	х		x				105,075	0	89,288
President (beg 11/14/18)	2.0			^				103,073	0	69,266
Dolores M McCracken	55.0	Х		x				316,846	0	35,471
President (end 11/13/18)	2.0							ŕ		,
Aaron F Chapin	55.0	x		X				8,400	n	9,965
Vice President (beg 6/17/19)	4.0							0,100		
Korri J Brown Vice President (end 5/18/19)	55.0	Х		х				16,784	0	25,222
. , , ,	4.0				1					

Х

81,621

8,400

4,050

8,400

8,400

8,400

0

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57,753

Vice President (beg 6/17/19)
Korri J Brown
Vice President (end 5/18/19)
Jeffrey D Ney
Treasurer

Melody Hassinger

Charles D Fuller

Maria N Heinrich

Dina K McGee

Bryan T Sanguinito

Director

Director

Director

Director

Director

and Independent Contractors

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(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation

and Independent Contractors

Director

Director

Director

Director

Director

Director

Bill Senavaitis

William D McGill

Holly P Harrington

Margaret A Rockwell

Alan M Malachowski

	any hours	any hours and a director/trustee) organization organizations								from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Lori A Sherman	7.0	Х						8,400	0	0
Director	0.0							0,400		
Timothy R Kearney	7.0	X						8,400	0	0
Director	0.0							8,400	Ü	
Dawn L Bandle	7.0	Х						15,592	0	0

Timothy R Kearney	7.0	v			8,400	0	
Director	0.0	^			0,400	0	
Dawn L Bandle	7.0	X			15,592	0	·
Director	0.0				13,332	3	
Marc A Howshall	7.0	X			8,400	0	·
Director	0.0				0,100		
No. 1 A 1	7.0						

Dawn L Bandle	7.0	~			15,592	0	
Director	0.0	^			13,332	0	
Marc A Howshall	7.0	×			8,400	0	
Director	0.0				0,100	3	
Mindy Anderson	7.0	×			8,400	0	

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8,400

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8,400

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(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation

and Independent Contractors

Gretchen Ragazzo

Director

Director

Director

Director

Director

Director

Gary D Gittis

Michael D DeHaut

Tracey L Hart

Janice E Pearson

Pamela R Brown

	any hours	and	a dir	ecto		ustee))	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Brian Reiser	7.0	Х						8,400	0	0	
Director	0.0							, and the second			
Rosetta A Dufalla Director	7.0	Х						8,400	0	0	
Jennifer J Agolino Director	0.0 7.0 0.0	×						2,800	0	0	

Rosetta A Dufalla	7.0	Х			8,400	0
Director	0.0				3,100	3
Jennifer J Agolino	7.0					
Director	0.0	X			2,800	0
Ellen E Raguckas	7.0	V			0	0
Director	0.0	^			U	0

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8,400

8,400

2,800

8,400

8,400

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(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer week (list from related from the compensation

	any hours		a dir	ecto		ustee))	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Jimbo G Lamb	7.0	Х						8,400	0	0
Director	0.0									
Scott L Penner	7.0	×						8,400	0	0
Director	0.0							·		
Summer L Hill Director (end 4/16/19)	7.0	Х						8,400	0	0
Benjamin C Rugg	7.0	Х						0	0	0
Director (beg 5/15/19)	0.0									
Kevin T Downs	7.0	X						8,400	0	0

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8,400

10,810

8,400

8,400

8,400

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Director (end 4/16/19)
Benjamin C Rugg
Director (beg 5/15/19)
Kevin T Downs
Director

Eric V Pringle

Melissa M Brant

Marylou Stefanko

David W Taylor

Director

Director

Director

Director

Director

Mary Moran

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation

and Independent Contractors

Cheryl S Mattern

Mollie P Mumau

Kevin T Deely

Dawn M Blaus

Stephanie L Towles

James G Vaughan

Executive Director

Director

Director

Director

Director

Director

	any hours								organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	- (M-2/1000- I	(W- 2/1099- MISC)	organization and related organizations
Patsy J Tallarico Director	7.0	Х						8,400	0	0
Kizzy L Nicholas Director	7.0	Х						8,995	0	0
Debra Lee	7.0									

Kizzy L Nicholas	7.0	Х			8,995	٥	l
Director	0.0	^			0,993	ŭ	
Debra Lee	7.0						
		Χ			8,400	o	1
Director	0.0				,		
Rudolph Burruss	7.0						
Nudoipii buiruss		Х			8,400	0	
Director	0.0	, (0,100	· ·	
	7.0						

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7.0

7.0

7.0

7.0

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2.0

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8,400

2,800

10,150

3,870

2,800

231,828

0

0

0

0

0

0

77,293

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless amount of other hours per compensation compensation person is both an officer week (list from related compensation from the any hours and a director/trustee) organization organizations from the

156,904

183,983

184,177

179,617

181,257

175,995

0

0

0

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0

0

97,462

78,862

67,910

83,234

14,871

25,791

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

!	6,					,	<u> </u>	(14/ 2/4000	(14/ 2/1000		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Lynne L Wilson General Counsel	55.0				х			202,841	0	73,947	
Todd C Park AED for HR (end 1/25/19)	55.0				×			182,389	0	67,053	
David L Wazeter AED for Program Services	55.0				х			181,937	0	71,775	
Cindy J Hake	55.0				Х			196,107	0	65,183	

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ALD for Flogram Services	
Cindy J Hake	
AED for IT (end 8/5/18)	
James Pendleton	Γ
AED for IT (Beg 8/6/18)	

Joseph F Howlett

Lisa K Buettner

AED for Administrative Service

AED for Field Operations

AED for Gov't Relations

Daniel M Wiedemer

Laurel McLeaish

Staff Attorney

Richard E Burridge

Assistant General Counsel

......

and Independent Contractors

and Independent Contractors (C) (A) (B) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation compensation amount of other

	week (list any hours	person is both an officer and a director/trustee)						from the organization	from related organizations	compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Daniel P Shuman	55.0					Х		175,828	0	64,758	
Region Field Manager	0.0										
David P Petruzzi	55.0					X		175,565	0	69,089	
Region Field Manager	1.0							175,505	0	09,009	
Walter W Wojcik	55.0					×		175,487	0	92,927	

100,663

0.0 0.0

0.0

................

Region Field Manager

Former President (end 9/1/17)

W Gerard Oleksiak

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

Political Campaign and Lobbying Activities

DLN: 93493115006130

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE C (Form 990 or 990-

EZ)

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

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

Inspection

• : If the	Section 527 organizations: Complete organization answered "Yes" or	n Form 990, Part IV, Line 4, or Form	ı 990-EZ, Part VI, Iir	e 47 (Lobbying Activities				
• : If the	Section 501(c)(3) organizations that	t have filed Form 5768 (election unde t have NOT filed Form 5768 (election n Form 990, Part IV, Line 5 (Proxy 1 s), then	under section 501(h)): Complete Part II-B. Do r	not complete Pa	rt II-A.		
	Section 501(c)(4), (5), or (6) organia	zations: Complete Part III.		1=				
	me of the organization nsylvania State Education Association			Employer iden	itification num	ber		
	<u>, </u>			23-0961125				
Par	t I-A Complete if the orga	nization is exempt under sect	ion 501(c) or is	a section 527 organiz	zation.			
1	Provide a description of the organ "political campaign activities")	nization's direct and indirect political c	ampaign activities in	Part IV (see instructions fo	or definition of			
2		litures (see instructions)			\$	733,395		
3		paign activities (see instructions)						
Par	t I-B Complete if the orga	nization is exempt under sect	ion 501(c)(3).					
1	Enter the amount of any excise to	ax incurred by the organization under	section 4955	>	\$			
2	Enter the amount of any excise to	ax incurred by organization managers	under section 4955	>	\$			
3	If the organization incurred a sec	tion 4955 tax, did it file Form 4720 fo	r this year?		☐ Yes	□ No		
4a	Was a correction made?							
b	If "Yes," describe in Part IV.							
Par	t I-C Complete if the orga	nization is exempt under sect	ion 501(c), exce	ept section 501(c)(3).	•			
1	Enter the amount directly expend	led by the filing organization for section	on 527 exempt funct	ion activities 🕨	\$			
2		anization's funds contributed to other			\$			
3	Total exempt function expenditur	es. Add lines 1 and 2. Enter here and	on Form 1120-POL,	line 17b ▶	\$			
4	Did the filing organization file For	m 1120-POL for this year?			☐ Yes	✓ No		
5	organization made payments. For of political contributions received	employer identification number (EIN) each organization listed, enter the a that were promptly and directly deliv ee (PAC). If additional space is neede	mount paid from the ered to a separate p	filing organization's funds. olitical organization, such a	. Also enter the			
(a) Name (b) Address (c) EIN (d) Amoun filing orgations. If n					one, enter contributions received and promptly and			
(1) F Succ	Fund for Student less	400 North Third Street Harrisburg, PA 17101	83-1322288			733,395		
2								
3		_						
4								
5								
6								
		·						

Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Page 2

A	Check If the filing organization belongs to a expenses, and share of excess lobby		st in Part IV each a	affiliated group m	ember's name, a	address, EIN,				
В	Check ▶ ☐ if the filing organization checked box	· ,	provisions apply.							
	Limits on Lobbyir (The term "expenditures" mean	ng Expenditures	,		a) Filing anization's totals	(b) Affiliated group totals				
 1a	Total lobbying expenditures to influence public opi	inion (grass roots lobbying	ı)							
b	Total lobbying expenditures to influence a legislati	ive body (direct lobbying)								
c	Total lobbying expenditures (add lines 1a and 1b)									
d	Other exempt purpose expenditures									
е	Total exempt purpose expenditures (add lines 1c a	and 1d)								
f										
	If the amount on line 1e, column (a) or (b) is	s: The lobbying nontax	able amount is:							
	Not over \$500,000	20% of the amount on line	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,	000.						
	Over \$1,500,000 but not over \$17,000,000	00.								
	Over \$17,000,000									
g	Grassroots nontaxable amount (enter 25% of line	1f)								
h	Subtract line 1g from line 1a. If zero or less, enter	r -0								
i	Subtract line 1f from line 1c. If zero or less, enter	-0								
j	If there is an amount other than zero on either line section 4911 tax for this year?					☐ Yes ☐ No				
	(Some organizations that made	Averaging Period Un a section 501(h) ele e the separate instru	ction do not ha	ave to comple		five				
	Lobbying Ex	penditures During 4	-Year Averagii	ng Period	T	1				
	Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total				
2a	Lobbying nontaxable amount									
b	Lobbying ceiling amount (150% of line 2a, column(e))									
С	Total lobbying expenditures									
d	Grassroots nontaxable amount									

Sche	dule C (Form 990 or 990-EZ) 201					Pa	age 3
Pa		rganization is exempt under section 501(c)(3) and has NOT fi ion under section 501(h)).	led				
For e	ach "Yes" response on lines 1a th	rough 1i below, provide in Part IV a detailed description of the lobbying	(a)		(b)	<u> </u>
activ	·		Yes	No	,	Amou	ınt
1		ganization attempt to influence foreign, national, state or local legislation, ce public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?						
b	Paid staff or management (inclu	de compensation in expenses reported on lines 1c through 1i)?					
c	Media advertisements?						
d	Mailings to members, legislators	, or the public?					
е	Publications, or published or bro	adcast statements?					
f	Grants to other organizations for	r lobbying purposes?					
g	Direct contact with legislators, the	neir staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminal	rs, conventions, speeches, lectures, or any similar means?					
i	Other activities?						
j	Total. Add lines 1c through 1i						
2a	Did the activities in line 1 cause	the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of an	y tax incurred under section 4912					
c	If "Yes," enter the amount of an	y tax incurred by organization managers under section 4912					
d	If the filing organization incurred	d a section 4912 tax, did it file Form 4720 for this year?					
Par		rganization is exempt under section 501(c)(4), section 501(c)(5), o	r sec	ion		
	501(c)(6).					Yes	No
1	Were substantially all (90% or n	nore) dues received nondeductible by members?		1	1		No
2	Did the organization make only	in-house lobbying expenditures of \$2,000 or less?			2		No
3	Did the organization agree to ca	rry over lobbying and political expenditures from the prior year?			3		No
1	Dues, assessments and similar a	BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part	111-A	, line	3, is	64,24	42,055
2	expenses for which the section		2a			4.9/	41,988
a b			2b				+1,900
C	,		2c			1 0/	41,988
3		ection 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3				24,206
4		punt on line 2c exceeds the amount on line 3, what portion of the excess does	<u> </u>				24,200
•	the organization agree to carryo	ver to the reasonable estimate of nondeductible lobbying and political					
5		political expenditures (see instructions)	5			_1 //	32,218
	rt IV Supplemental Inf					-1,70	32,210
		Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list);	Dort II-	Λ lino	c 1 an	d 2 (sc	
		so, complete this part for any additional information.	raitii	Α, ΙΙΙΙΕ	5 I all	u 2 (se	
	Return Reference	Explanation					
Sche	dule C, Part I-A, Line 1	Direct and Indirect Political Campaign Activities PSEA established the Fund for work with like-minded organizations to educate the public about the need to officials. Activities of the Fund include working with like-minded organizations public about Pennsylvania's public schools, students, communities, and education appropriate public that Pennsylvania's children deserve better and elected education a priority. The Fund is a Section 527(F)(3) Separate Segregated Fulling requirements and therefore files a separate 990 return. A transfer in the made by PSEA to the Fund in the fiscal year ending 8/31/2019. This transfer Line 2 and in Part III-B, Line 2A. Additional INFORMATION: PSEA ESTABLISH ELECTIONS POLITICAL ACTION COMMITTEE (PACE) FOR THE PURPOSE OF COMPAIGNS OF CANDIDATES FOR STATE AND LOCAL OFFICES AND MAKING TO SUPPORT CANDIDATES FOR STATE AND LOCAL OFFICES IN ORDER TO ELARE COMMITTED TO THE WELFARE OF CHILDREN, PUBLIC EDUCATION, AND QUALITY HEALTH CARE FOR PENNSYLVANIA'S CITIZENS. PACE IS A SECTION SEGREGATED FUND THAT IS SUBJECT TO ITS OWN FILING REQUIREMENTS	elect presto comments to comment of the comment of	o-publinmuniconfessions should be sh	c educate with als to lid mals to lid mals ject to 733,39 uded in PACE TO THE EFFICIARS; AND PARA	cation th the o drive ke publ o its ow 05 was n Part FOR ST HE ENDITU ALS WH ND TO TE	the lic n 1-A, TATE

SEPARATE 990 RETURN. PACE IS FUNDED BY VOLUNTARY CONTRIBUTIONS FROM MEMBERS AND EMPLOYEES. REQUESTS FOR CONTRIBUTIONS INCLUDE AN EXPRESS STATEMENT THAT SUCH

DOCUMENTED THROUGH AN ADMINISTRATIVE SERVICES AGREEMENT.

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, LINE 2A OF SCHEDULE C. IN ADDITION, PSEA PROVIDES ADMINISTRATIVE SUPPORT TO PACE WHICH IS

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

Total number at end of year

Aggregate value of contributions to (during year) Aggregate value of grants from (during year)

Aggregate value at end of year

As Filed Data -

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, ▶ Attach to Form 990.

23-0961125

DLN: 93493115006130 OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Pennsylvania State Education Association

(Form 990)

1 2

3

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Go to www.irs.gov/Form990 for the latest information.

(a) Donor advised funds

Open to Public Inspection **Employer identification number** (b) Funds and other accounts Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the

	organization's property, subject to the organization's exclusive legal control?		[☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds ca charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose private benefit?		ing impermissible	☐ Yes ☐ No
Pa	rt III Conservation Easements. Complete if the organization answered "Yes" on For	rm 990	, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).			
	Preservation of land for public use (e.g., recreation or education)	n histori	ically important land	l area
	☐ Protection of natural habitat ☐ Preservation of a	certifie	d historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the fe easement on the last day of the tax year.	orm of a	a conservation Held at the End	of the Vear
а	Total number of conservation easements	2a	Heid at the End	or the real
b	Total acreage restricted by conservation easements	2b		
c	Number of conservation easements on a certified historic structure included in (a)	2c		
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d		
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by tax year ▶	y the org	ganization during th	e
4	Number of states where property subject to conservation easement is located >		_	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling and enforcement of the conservation easements it holds?	g of viola	ations,	□ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing •	conserva	ation easements du	ing the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conse	ervation	easements during t	he year
8	Does each conservation easement reported on line $2(d)$ above satisfy the requirements of section and section $170(h)(4)(B)(ii)$?	170(h)(4)(B)(i) ☐ Yes	□ No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and exp balance sheet, and include, if applicable, the text of the footnote to the organization's financial stathe organization's accounting for conservation easements.			
Pai	Organizations Maintaining Collections of Art, Historical Treasures, or Ot Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	her Sir	milar Assets.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue s art, historical treasures, or other similar assets held for public exhibition, education, or research in provide, in Part XIII, the text of the footnote to its financial statements that describes these items	further		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue state historical treasures, or other similar assets held for public exhibition, education, or research in furt following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		> \$	
	ii)Assets included in Form 990, Part X		. > \$	
2	If the organization received or held works of art, historical treasures, or other similar assets for fin following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	ancial g	ain, provide the	
а	Revenue included on Form 990, Part VIII, line 1		. ▶\$	
b	Assets included in Form 990, Part X		. > \$	
	Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No			Form 990) 2018

Par	3111	Organizations Ma	aintaining Col	lections o	of Art, H	listori	cal T	reas	ures, or	· Other	Similar A	ssets (cor	ntinued)
3		g the organization's acq s (check all that apply):		n, and other	records,	check	any of	the fo	ollowing t	hat are a	significant (use of its c	ollection
а		Public exhibition				d		Loar	or excha	ange pro	grams		
b		Scholarly research				e		Othe	er				
С		Preservation for future	e generations										
4	Provi Part :	de a description of the		lections and	l explain l	how the	ey furtl	her th	e organiz	ation's e	xempt purpo	se in	
5		ng the year, did the orga ts to be sold to raise fur										☐ Yes	□ No
Pai	rt IV	Escrow and Cust Complete if the ord X, line 21.			" on For	m 990	, Part	IV, I	ine 9, or	r reporte	ed an amou	unt on Foi	rm 990, Part
1a		e organization an agent ded on Form 990, Part)										Yes	□ No
b	If "Ye	es," explain the arrange	ement in Part XIII	and comple	ete the fo	llowing	table:				Α	mount	
С	Begir	nning balance							•	1c			
d	Addit	ions during the year .								1d			
е	Distri	ibutions during the year	r						[1e			
f	Endir	ng balance							[1f			
2a	Did tl	he organization include	an amount on Fo	rm 990. Par	rt X. line	21. for	escrow	v or cu	- ustodial a	ccount li	abilitv?	☐ Yes	□ No
b		es," explain the arrange									•	_	
	rt V	Endowment Fund											
			'	(a)Curren			rior yea			ears back			e)Four years back
1a	Beginn	ning of year balance .											
b	Contrib	butions											
c	Net inv	vestment earnings, gair	ns, and losses										
d	Grants	or scholarships											
е		expenditures for facilitie	es										
f	Admin	istrative expenses .											
g	End of	year balance											
2		de the estimated perce				(line 1	g, colu	mn (a	a)) held a	s:			
а	Board	d designated or quasi-e	ndowment ►										
b	Perm	anent endowment ►											
С	Temp	porarily restricted endov	wment ▶										
	The p	percentages on lines 2a			0%.								
3a		here endowment funds nization by:	not in the posses	sion of the	organizat	ion that	t are h	eld ar	nd admini	stered fo	or the		Yes No
	(i) u	nrelated organizations					•					3a(i	
		elated organizations .										3a(i	
ь 4		es" on 3a(ii), are the rel ribe in Part XIII the inte	-									3b	
	t VI				n s endov	willent I	unas.						
c	TVI	Land, Buildings, Complete if the or			" on For	m 990	, Part	IV. I	ine 11a.	See Fo	rm 990. Pa	rt X. line	10.
	Descr	iption of property	(a) Cost or oth (investme	ner basis	(b) Cost						depreciation		Book value
 1a	Land						1,2	57,308	;				1,257,30
	Buildin							71,632			13,141,231		6,230,40
		nold improvements					,	_,			,		-,,
		ment					6.5	74,018	+		5,998,722		575,29

23,610

8,086,615

153,484

177,094

Total. Add lines 1a through 1e.(Column (d) must equal Form 990, Part X, column (B), line 10(c).) .

	Investments—Other Securities. Complete if the or See Form 990, Part X, line 12.	ganization a	nswered "Yes	s" on Form 990, Part IV, line 11b.
	(a) Description of security or category (including name of security)	(b) Boo valu	k	(c) Method of valuation: Cost or end-of-year market value
	al derivatives			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Colum Part VIII	nn (b) must equal Form 990, Part X, col. (B) line 12.)	•		
Part VIII	Complete if the organization answered 'Yes' on Form	_		
	(a) Description of investment	(b) Book va	lue	(c) Method of valuation: Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col.(B) line 13.)	•		
Part IX	Other Assets. Complete if the organization answered 'Yes (a) Description	s' on Form 990	, Part IV, line 1	.1d. See Form 990, Part X, line 15. (b) Book val
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col.(B) line 15.)			
Part X	Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.			art IV, line 11e or 11f.
1. (1) Federal i	(a) Description of liability income taxes	(b) Book value	0
	D NEA DUES		736,	
DEFERRED (COMPENSATION		1,941,	.069
(4)				_
(5)				_
(6)				_
(7)				
(8)			_	
(9)				
2. Liability f	on (b) must equal Form 990, Part X, col.(B) line 25.) or uncertain tax positions. In Part XIII, provide the text of the		_	s financial statements that reports the

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements . . .

Page 4

75.986.668

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

1

Add lines **4a** and **4b** -33,075 4c C 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 74,610,268 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses and losses per audited financial statements 1 64,035,562 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities . . 2a 2b Prior year adjustments 2c C

2d -472,734 d Other (Describe in Part XIII.) Add lines 2a through 2d . 2e -472,734 е 3

3 Subtract line 2e from line 1 64,508,296 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . . 4a 4b b Add lines **4a** and **4b** 4c 5

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 64.508.296 Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Return Reference Explanation

See Additional Data Table

	Page 5		
Information (continued)			
Explanation			

Schedule D (Form 990) 2018

Additional Data

Software ID: Software Version:

FIN: 23-0961125

Name: Pennsylvania State Education Association

Supplemental Information Return Reference Explanation

Schedule D, Part X, Line 2 THE ASSOCIATION QUALIFIES UNDER THE PROVISIONS OF SECTION 501(c

Liability for Uncertain Tax

Position (ASC 740))(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 2019 OR 2018. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY TH E ASSOCIATION AND HAS CONCLUDED THAT, AS OF AUGUST 31, 2019 AND 2018, THERE ARE NO UNCERTA IN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS.

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART XI, LINE 4B	EXPENSES PAID OR INCURRED IN CONNECTION WITH THE RENTAL PROPERTY (RECLASS) (\$23,985) HEALT HCARE-PSEA ARBITRATION/INTEREST REVENUE (\$9,090) TOTAL (\$33,075)

Supplemental Information	
Return Reference	Explanation
, ,	EXPENSES PAID OR INCURRED IN CONNECTION WITH THE RENTAL PROPERTY (RECLASS) \$23,985 Healthc are-PSEA arbitration expense \$3,181 Fund for Student Success - Expense \$233,495 Fund for S tudent Success - Revenue (\$733,395) Total (\$472,734)

Supplemental Information

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I (Form 990)

Department of the

Internal Revenue Service

Treasury

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

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

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

DLN: 93493115006130

Open to Public Inspection

Name of the organization							
Pennsylvania State Education Association							
nation on Grants	and Assistance						
					ce, and	☑ Yes ☐ N	
						E les E N	
			ents. Complete if the o	rganization answered "Yes	" on Form 990, Part IV, lin	e 21, for any recipient	
(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
. , . ,	-					3	
		<u> </u>				4 hedule I (Form 990) 2018	
	nation on Grants ntain records to sub to award the grants ganization's procedu Assistance to Don than \$5,000. Part II (b) EIN	nation on Grants and Assistance Intain records to substantiate the amount of to award the grants or assistance? granization's procedures for monitoring the use. Assistance to Domestic Organizations at than \$5,000. Part II can be duplicated if addressed in the standard of the	nation on Grants and Assistance ntain records to substantiate the amount of the grants or assistance, to award the grants or assistance?	nation on Grants and Assistance ntain records to substantiate the amount of the grants or assistance, the grantees' eligibility to award the grants or assistance? panization's procedures for monitoring the use of grant funds in the United States. Assistance to Domestic Organizations and Domestic Governments. Complete if the othan \$5,000. Part II can be duplicated if additional space is needed. (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of noncash assistance ion 501(c)(3) and government organizations listed in the line 1 table	nation on Grants and Assistance ntain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistant to award the grants or assistance? nanization's procedures for monitoring the use of grant funds in the United States. Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes than \$5,000. Part II can be duplicated if additional space is needed. (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of non-assistance (book, FMX, appraisal, other) (b) EIN (c) IRC section (if applicable) (d) Amount of cash assistance (book, FMX, appraisal, other) (c) IRC section (book, FMX, appraisal, other) (d) Amount of cash grant (b) EIN (c) IRC section (c) EIN (c) IRC section (c) I	ation on Grants and Assistance Intain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and to award the grants or assistance? Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, lin than \$5,000. Part II can be duplicated if additional space is needed. (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of non-cash assistance (if applicable) (if appli	

(1) MEMBER ASSISTANCE GRANTS

Political Action Committee Fundraising Prizes

Political Action Committee Fundraising Prizes

Student Convention/advisor prizes/membership

(5) Region art contest prizes

(7) Fabric of Unionism Prizes

Procedure for Monitoring Use of Grant Funds Inside U.S.

(6) Member Benefit Vendor Prizes

Schedule I (Form 990) 2018

Part III

(3)

(4)

(7)

Part IV

Return Reference

Explanation

recipients 94

12

34

21

(b) Number of

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(c) Amount of

cash grant

15.500

10.450

2,550

4,845

3,500

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

sponsorships to other non-profit or governmental entities for general support or in support of efforts committed to public education.

2,733

(d) Amount of

noncash assistance

1.943 Cost

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, 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

(e) Method of valuation (book.

FMV, appraisal, other)

Page 2

(f) Description of noncash assistance

Schedule I (Form 990) 2018

MISC. Wares

Additional Data

Keystone Research Center Inc

412 North Third Street Harrisburg, PA 17101 PSEA Education Foundation

400 N Third Street Harrisburg, PA 17101

Software ID: **Software Version:**

25-1776998

31-1649860

EIN: 23-0961125

Name: Pennsylvania State Education Association

Form 990	,Schedule I,	, Part II	l, Grants and	Other Assistance to	o Domestic Organiza	ations and Domest	ic Governments.
				4 3			

()	(-)	(-)	()	(-)	(1)	
organization		if applicable	grant	cash	(book, FMV, appraisal,	i
or government				assistance	other)	ì
						i

501(c)(3)

501(c)(3)

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (

34,250

41,700

(g) Description of

non-cash assistance

(h) Purpose of grant

or assistance

General Support

Welfare Grant Prgrm

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government York City School District 23-6004284 31.393 Gen Supp/Prof Devt. Government

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

31 N Pershing Ave York, PA 17401

Shelly Lyons 41-2240921 N/A 50,000 Clear Coalition Fund 219 State Street Support Harrisburg, PA 17101

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government National Education Association 53-0115260 501(C)(5) 5.750 Giveaways/Awards 1201 16th st NW Washington, DC 20036

General Support

25,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(4)

PA Alliance Action

PO Box 58381 Philadelphia, PA 19102 82-3537729

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government Wolf Inaugural 2019 83-2599196 501(c)(4) 55.000l |General Support

Wolf Inaugural 2019 PO Box 22437 Philadelphia, PA 19110

recipients cash grant non-cash assistance FMV, appraisal, other)

MEMBER ASSISTANCE GRANTS

7 15.500

1,943 Cost

(d)Amount of

(e)Method of valuation (book,

(f)Description of non-cash assistance

MISC. Wares

MEMBER ASSISTANCE GRAINTS	,	13,300		
Student Convention/advisor	94	2,733		
prizes/membership				

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(b) Number of

(c)Amount of

10,450

2,550

(a)Type of grant or assistance

Political Action Committee Fundraising Prizes

Political Action Committee Fundraising Prizes

Region art contest prizes

(a)Type of grant or assistance
(b)Number of recipients
(c)Amount of cash grant
(d)Amount of non-cash assistance
(e)Method of valuation (book, FMV, appraisal, other)
(f)Description of non-cash assistance

Member Benefit Vendor Prizes	83	4,845		

3.500 l

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

Fabric of Unionism Prizes

efil	le GRAPHIC pr	int - DO NOT PROCESS	As Filed Dat	a -	DLN: 93	19311	15006	130	
Sch	nedule J	Co	mpensat	ion Information	10	1B No.	1545-0	0047	
(Fori	m 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees						
	Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.								
•	tment of the Treasury al Revenue Service	➤ Go to <u>www.irs.gov</u>	<u>//Form990</u> for	instructions and the latest inform	mation.		to Pul ectio		
	me of the organiza	Iation			Employer identifica				
Pen	nsylvania State Educ	cation Association			23-0961125				
Pa	rt I Questi	ons Regarding Compensat	ion		23 0301123				
							Yes	No	
1a				f the following to or for a person liste y relevant information regarding the					
		s or charter travel	\mathbf{Z}	Housing allowance or residence for	personal use				
		companions	님	Payments for business use of perso					
		nification and gross-up payments	님	Health or social club dues or initiation					
	☐ Discretion	ary spending account	Ц	Personal services (e.g., maid, chauf	ffeur, chef)				
b		xes in line 1a are checked, did th all of the expenses described abov		ollow a written policy regarding paym oplete Part III to explain	nent or reimbursement	1 b	Yes		
2				or allowing expenses incurred by all	- 1-2	2	Yes		
	directors, truste	es, officers, including the CEO/E	Recutive Directo	r, regarding the items checked in line	elar				
3				ed to establish the compensation of the	he				
	_	•		not check any boxes for methods CEO/Executive Director, but explain i	in Part III.				
	·								
		ation committee ent compensation consultant	✓	Written employment contract Compensation survey or study					
		of other organizations	▽	Approval by the board or compensa	ition committee				
		-	_						
4	During the year, related organiza		90, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a				
а	Receive a sever	ance payment or change-of-cont	rol payment? .			4a		No	
b	•		•	ified retirement plan?		4b		No	
С				nsation arrangement?		4c		No_	
	ii les to ally c	or lines tate, list the persons and	provide the app	bilicable amounts for each item in Fair	t III.				
	Only 501(c)(3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.					
5		ed on Form 990, Part VII, Section ontingent on the revenues of:		the organization pay or accrue any					
а	The organization	1?				5a			
b						5b			
	If "Yes," on line	5a or 5b, describe in Part III.							
6		ed on Form 990, Part VII, Section ontingent on the net earnings of:		the organization pay or accrue any					
а	The organization	1?				6a			
b	, -					6b			
	· ·	6a or 6b, describe in Part III.							
7	payments not de	escribed in lines 5 and 6? If "Yes,	" describe in Pa	the organization provide any nonfixe rt III	d 	7			
8	subject to the in	nitial contract exception described	l in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," do		8			
9				presumption procedure described in		9			
For F	Panerwork Redu	iction Act Notice, see the Inst	ructions for Fo	orm 990. Cat. No. 5	50053T Schedule J	(Forn	1 990)	2018	

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

instructions, on row (ii). Do not list any individuals that are not listed on Form 99 Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the to	90, otal	, Part VII. I amount of For	m 990, Part VII, Se	ection A, line 1a, ar	oplicable column ([)) and (E) amoun	ts for that indi	vidual.
(A) Name and Title	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(D) Nontaxable benefits	columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table								
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	\dashv			<u> </u>				<u> </u>
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	1							

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Part IIII Supplemental Info	rmation
Provide the information, explanation,	or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
Return Reference	Explanation
Schedule J, Part I, Line 1a	Travel for companions: Regarding travel for companions, PSEA Fiscal Policy states that the Executive Officers (President, Vice President, and Treasurer) shall have the payment of expenses for a spouse or guest attending two state Houses of Delegates events, one national Representative Assembly, and the Pennsylvania Society annual meeting, 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. Housing Allowance or Residence for Personal USE: Regarding residence for personal use. PSEA fiscal policy states that the executive officers shall each be

amounts included in their 2018 taxable income for PSEA provided apartments.

provided the opportunity annually to elect to occupy one of the apartments owned by PSEA during the term of their office. An amount equal to the annual fair market rental value of the apartment shall be included in the officer's taxable income, if he or she elects to occupy the apartment. Two of the executive officers had

Page 3

Schedule J (Form 990) 2018

I (Form 990) 2018

Software ID: Software Version:

EIN: 23-0961125

Name: Pennsylvania State Education Association

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Form 990, Schedul	orm 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees							
(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MISe	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
Richard W Askey President (beg 11/14/18)	(i)	97,306		7,769	61,534	27,754	194,363	
	(ii)				0	0	0	
Dolores M McCracken President (end 11/13/18)	(i)	149,216		167,630	28,144	7,327	352,317	153,401
	(ii)				0	0	0	
James G Vaughan Executive Director	(i)	199,933	25,000	6,895	49,581	27,712	309,121	
	(ii)				0	0	0	
Lynne L Wilson General Counsel	(i)	189,304		13,537	43,794	30,153	276,788	
	(ii)				0	0	0	
Todd C Park AED for HR (end 1/25/19)	(i)	176,890		5,499	36,996	30,057	249,442	
	(ii)				0	0	0	
David L Wazeter AED for Program Services	(i)	176,890		5,047	41,846	29,929	253,712	
	(ii)				0	0	0	
Cindy J Hake AED for IT (end 8/5/18)	(i)	165,924		30,183	36,996	28,187	261,290	10,967
	(ii)				0	0	0	
James Pendleton AED for IT (Beg 8/6/18)	(i)	156,669		235	68,119	29,343	254,366	
, , ,	(ii)				0	0	0	
Joseph F Howlett AED for Administrative	(i)	176,890		7,093	50,783	28,079	262,845	
Service	(ii)				0	0	0	
Lisa K Buettner AED for Field Operations	(i)	176,890		7,287	40,221	27,689	252,087	
	(ii)				0	0	0	
Daniel M Wiedemer AED for Gov't Relations	(i)	174,569		5,048	55,423	27,811	262,851	
	(ii)				0	0	0	
Laurel McLeaish Staff Attorney	(i)			181,257	8,017	6,854	196,128	
,	(ii)				0	0	0	
Richard E Burridge Assistant General Counsel	(i)	5,165		170,830	14,497	11,294	201,786	162,708
	(ii)				0	0	0	
Daniel P Shuman Region Field Manager	(i)	169,132		6,696	36,595	28,163	240,586	
Region Field Manager	(ii)				0	0	0	
David P Petruzzi Region Field Manager	(i)	169,132		6,433	41,186	27,903	244,654	
negion i iola i ialiage.	(ii)				0	0	0	
Walter W Wojcik Region Field Manager	(i)	169,132		6,355	65,537	27,390	268,414	
	(ii)				0	0	0	
W Gerard Oleksiak Former President (end	(i)			100,663	0	0	100,663	100,413
9/1/17)	(ii)				0	0	0	
	•	•					•	•

efile GRAPHI	C print -	DO NO	T PROCES	S	As Fil	ed Data -					DL	.N: 93	4931	1500	06130
Schedule L Form 990 or 990	-EZ) ► 0	Complet	e if the org	anizat	ion ar	swered "Yes	on Form 9	d Person	nes 2	25a, 2	25b, 20		MB No.		
			27, 28a,			c, or Form 99 n to Form 990		, line 38a or 4 0-EZ.	ю.				2(11	8
			⊳ Go t					st informatio	n.						
epartment of the Treaternal Revenue Serv	• •											9	Open	to Pu secti	
Name of the org									Er	nplo	ver ide	entifica			
Pennsylvania State		ssociation								-	-				
Part I Exce	ss Benef	fit Tran	sactions (section	501/	n(3) section!	501(c)(4) and	d 501(c)(29) or			1125				
								r 25b, or Form							
1 (a) Name of	disqualif	ied person		(b) F			lified person ar	nd	• •	escript		(d) Corı	ected?
							organization			tr	ansacti	on	Y	es	No
									-						
									+						
						<u> </u>									
Cor	ans to ar nplete if th orted an ar (b) Relat	nd/or F ne organi: mount or tionship	rom Inter zation answe n Form 990,	rester ered "Y Part X (d)	d Pers es" on , line 5 Loan t	sons. Form 990-EZ,		(f)Balance due	(g) defa	In nult?	Appro boa	b; or if h) ved by rd or nittee?	(i) Writ greem	ten
				'	-	110111			163	140	163	140	163		110
otal .						•	<u> </u>								
Con	nplete if t	he orga	nization an	swere	ed "Ye	ested Persons" on Form 9	990, Part IV,	1				() 5			
a) Name of inter	ested pers		Relationship erested perso organizat	n and		(c) Amount	or assistance	(d) Type o	or assi	stand	:e	(e) Pu	rpose (or assi	stance
								1							
			ee the Instru					at. No. 50056A					990 o		

Complete if the organization a	answered "Yes" on Forr	n 990, Part IV, line 28a	a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sh o organiz reven	f ation's
				Yes	No
(1) Juliet Nace	EE Spouse of BOD Member	111,005	Employee Comp/Benefits		No
(2) Russell Dauberman	EE Spouse of BOD Member	198,887	Employee Comp/Benefits		No

(2) Russell Dauberman	EE Spouse of BOD Member	198,887	Employee Comp/Benefits	No
Part V Supplemental Informa	ation		_	

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference Explanation

schedule I, part IV Employee compensation and benefits reported on Lines 1(c) and 2(c) includes all forms of cash and noncash

compensation and benefits including salaries, deferred compensation such as retirement benefits, and all nontaxable fringe benefits.

efile GRAPH	IC print - DO NOT PROCESS As Filed Data -	DLN	: 93493115006130
SCHEDUL (Form 990 or EZ)	990- Complete to provide information for response Form 990 or 990-EZ or to provide any ad Attach to Form 990 or 99	s to specific questions on ditional information. 90-EZ.	OMB No. 1545-0047 2018 Open to Public Inspection
<i>,</i>	Rifization Education Association e O, Supplemental Information	23-0961125	ification number
Return Reference	Explanati	on	
Form 990, Part VI, Line 1a	Voting Rights UNDER THE PSEA CONSTITUTION AND BYLAWS, THE EXECUTIVE OFFICERS, THE ES, AND THE STATE REPRESENTATIVES ON THE NATIONAL EDECTORS. THE NON-VOTING MEMBERS OF THE BOARD OF DIRECTORS. THE COUNCIL ON NT, THE PRESIDENT OF STUDENT PSEA, AND AN ETHNIC MINOR.	EREGION AND PSEA-RETIRED REPI DUCATION ASSOCIATION (NEA) BOA ECTORS ARE AS FOLLOWS: THE PR INSTRUCTION AND PROFESSIONA	RESENTATIV IRD OF DIR ESIDENTS OF

Return Explanation
Reference

Form 990,	Organization Members Membership, as provided in the Constitution and bylaws, shall be avai
Part VI, Line	lable to persons actively engaged in the profession of teaching or in other educational wo
6	rk in Pennsylvania, to students preparing for the profession of teaching, to persons retir
	ed from educational work, and to persons interested in advancing the cause of public educa
	tjon.

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 tw o governing bodies, may take which are consistent with those governing documents. The gove rnance structure of PSEA also includes regions and local associations. Local association o fficers and delegates to Region Houses of Delegates and the PSEA House of Delegates are el ected through open nominations, by secret ballot, by majority vote, and in conformity with the one person one vote principle. Each region is entitled to one representative on the board of directors for every 4,500 active members within the region; provided however that each region will have at least 2 representatives and no more than; 5 representatives. Each region representative on the board of directors shall be elected at an annual Region House of Delegates or by direct vote of the region membership through open nomination, by major ity 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 PSE A 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.

Return Explanation

Form 990,
Part VI, Line

11b

Form 990 Review Process The audit committee of the Board of Directors reviews a draft of t
he Form 990 with management. After the audit committee reviews the form 990 and prior to i
ts filing with the taxing authority, it will be distributed electronically to all voting a
nd non-voting members of the board of directors.

Return Reference	Explanation
Form 990, Part VI, Line 12c	Conflict of Interest Policy Monitoring The Association has a conflict of interest policy t hat covers the following individuals: executive officers; officers; board members; elected or appointed individuals to an Association committee, commission, board, or task force; a nd employees. The Association's conflict of interest policy requires executive officers, o fficers, 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 giv e rise to a conflict of interest. On an annual basis, these individuals will either disclo se 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 emp loyees. If a conflict is perceived to exist, the matter involving an executive officer, of ficer, 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 a nd 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 employ ees 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 from the policy. The executive director may also take corrective action to deal with any violations of the policy. The executive director from a conflict is determined to exist, the executive director or the commission will submit a repo

Return Reference	Explanation	
Form 990, Part VI, Line 15a/15b	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 NE A state affiliates is collected, summarized, and made available to the personnel committee for their consideration. The deliberation process and outcome is documented in the personnel committee meeting files.	

Return Explanation
Reference

Form 990,
Part VI, Line

Document Availability to the Public The Association's governing documents, conflict of int erest policy, and financial statements are available to the public upon request.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII	Compensation The PSEA 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 no tincluded in the Form W-2 issued by PSEA.

Return Explanation

Reference	
Form 990,	Reconciliation of Net Assets EFFECT OF PENSION RELATED CHANGES OTHER THAN NET PERIODIC PEN
Part XI, Line	SION COST \$(28,240,406) EFFECT OF POST RETIREMENT CHANGES OTHER THAN NET PERIODIC Postreti
9	rement COST \$ 341,809 \$(27,898,597)

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(Form 990)

Department of the Treasury

Pennsylvania State Education Association

Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

DLN: 93493115006130

Open to Public Inspection

Employer identification number

23-0961125

Part I Identification of Disregarded Entities Com	plete if the organ	ization answ	ered "Yes	" on Form	990, Part	IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary ad	ctivity	(c Legal domi or foreign	cile (state	(d) Total ind		(e) End-of-year a	ssets	(f Direct co enti	ntrolling	
Part II Identification of Related Tax-Exempt Organ related tax-exempt organizations during the tax		te if the orga	anization	answered '	"Yes" on F	orm 990,	Part I	/, line 34 be	cause it	had one or	more	
Name, address, and EIN of related organization		(b) ary activity	Legal do	(c) micile (state gn country)	(d Exempt Cod) de section	Public (if secti	(e) charity status on 501(c)(3))	Direc	(f) ct controlling entity	Section (13) co	
(1)PSEA Health & Welfare Fund 400 North Third Street	Benefits			PA	501(c)(9)		N/A		PSEA		Yes	No
Harrisburg, PA 17101 23-2121745												
(2)PSEA-Pace for State Elections 400 North Third Street	PAC			PA	527		N/A		NA			No
Harrisburg, PA 17101 23-2116856 (3)PSEA Retiree Benefit Trust	Benefits			PA	501(c)(9)		N/A		NA			No
400 North Third Street Harrisburg, PA 17101												
25-6862258 (4)PSEA Scholarship Trust c/o Mellon Bank NA PO Box 185	Scholarship	os		PA	501(c)(3)		PF		NA			No
Pittsburgh, PA 15230 23-2225710												
(5)PSEA Education Foundation 400 North Third Street	Educational			PA	501(c)(3)		PF		NA			No
Harrisburg, PA 17101 31-1649860 (6) Healthcare - PSEA	Member Sv	cs		PA	501(c)(6)		N/A		PSEA		Yes	_
400 North Third Street August 17101												
27-0648795 (7)Fund for Student Success 400 North Third street	SSF			PA	527		N/A		PSEA		Yes	
Harrisburg, PA 17101 83-1322288												
or Paperwork Reduction Act Notice, see the Instructions for	Form 990.		Ca	t. No. 5013!	5Y				Sched	lule R (Form	990) 20	018

(a) Name, address, and EIN of related organization		(b) Primary activity		(d) Direct controlling entity	(e) Predominant income(relate unrelated, excluded fror tax under sections 512	n total income	(g) Share of end-of-year assets	Disprop	h) ortionate otions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	ral or aging	(k) Percentag ownershi
					314)			Yes	No		Yes	No	
Identification of Related Organiza because it had one or more related or						nization ans	wered "Yes	" on F	orm 9	90, Part IV,	line	34	
		a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Ty	(e)	wered "Yes (f) Share of total income	Share	(g) e of end- year assets	(1	ı) ntage	Se (1:	(i) ection 512 3) control entity?
(a) Name, address, and EIN of	rganizations treated as	a corporation	on or tru: (c) egal micile	st during th	(d) controlling Ty	(e) /pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	ı) ntage	Se (1:	ection 512 .3) control
(a) Name, address, and EIN of	rganizations treated as	a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Ty	(e) /pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	ı) ntage	Se (1:	ection 512 .3) control entity?
(a) Name, address, and EIN of	rganizations treated as	a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Ty	(e) /pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	ı) ntage	Se (1:	ection 512 .3) control entity?
(a) Name, address, and EIN of	rganizations treated as	a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Ty	(e) /pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	ı) ntage	Se (1:	ection 512 .3) control entity?
(a) Name, address, and EIN of	rganizations treated as	a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Ty	(e) /pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	ı) ntage	Se (1:	ection 512 .3) control entity?
(a) Name, address, and EIN of	rganizations treated as	a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Ty	(e) /pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	ı) ntage	Se (1:	ection 512 .3) control entity?
(a) Name, address, and EIN of	rganizations treated as	a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Ty	(e) /pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	ı) ntage	S (:	1

Schedule R (Form 990) 2018		Pa	ige 3
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1 b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1 d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1 f		No
g Sale of assets to related organization(s)	1 g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1 i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1 <u>j</u>		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
Performance of services or membership or fundraising solicitations for related organization(s)	. 11	Yes	
no Daufarmana a financiar au manaharahin au firadusiaina adisibatiana bu malatad auranisatian (a)	1 m		No

e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1 f		No
g Sale of assets to related organization(s)	1 g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1 i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1 j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	1	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	10	Yes	
	L		
p Reimbursement paid to related organization(s) for expenses	1 p	Yes	
q Reimbursement paid by related organization(s) for expenses	1 q	Yes	
			-

h Purchase of assets from related organization(s)				1h	No	•
i Exchange of assets with related organization(s)				1i	No	-
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j	No	-
k Lease of facilities, equipment, or other assets from related organization(s)				1k	No	-
l Performance of services or membership or fundraising solicitations for related organization(s) $. . $				11 \	res es	-
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m	No	•
f n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n \	res es	-
o Sharing of paid employees with related organization(s)				10	res es	-
p Reimbursement paid to related organization(s) for expenses				1p \	res	-
q Reimbursement paid by related organization(s) for expenses				1q \	res	-
r Other transfer of cash or property to related organization(s)				1r \	res es	-
f s Other transfer of cash or property from related organization(s)				1 s	No	_
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including covered r	elationships and tra	nsaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining a	mount inv	olved	_
(1)PSEA HEALTH & WELFARE FUND	0	797,719	FMV		_	_
(2)HEALTHCARE - PSEA	I	228,146	FMV			_
(3)Fund for Student Success	r	733,395	FMV			_

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n Ye	s
o Sharing of paid employees with related organization(s)				1o Ye	s
p Reimbursement paid to related organization(s) for expenses				1p Ye	
q Reimbursement paid by related organization(s) for expenses				1r Ye	
 r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s)				1s	No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line	, including covered r	elationships and tra	nsaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	ount invol	ved
(1)PSEA HEALTH & WELFARE FUND	0	797,719	FMV		
(2)HEALTHCARE - PSEA	I	228,146	FMV		
(3)Fund for Student Success	r	733,395	FMV		
	I	1			

Schedule R (Form 990) 2018

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	domicile	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	10	(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ľ	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		,	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
							-			Schedul	e R (Form	990	0) 2018

Schedule R (Form 990) 2018 Page 5 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions). Return Reference Explanation Schedule R, Part V Transactions with Related Organizations Performance of services or membership or fundraising solicitations for other organizations - PSEA provides services to related organizations such as administrative and technical support, accounting and financial reporting services, information technology support, and management consulting. In addition, PSEA does engage in fundraising and solicitation activities for PSEA-PACE for State Elections, the PSEA Scholarship Trust, and the PSEA Education Foundation. 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. Other Transfer of cash or property to related organization - PSEA made a transfer to the Fund for Student Success, a section 527(f)(3) separate segregated fund.