

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2020

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation): Do not enter social security numbers on this form as it may be made public.

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

Form 990 Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning 09-01-2020, and ending 08-31-2021

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: PENNSYLVANIA STATE EDUCATION ASSOCIATION. Doing business as. Number and street (or P.O. box if mail is not delivered to street address): 400 NORTH THIRD STREET. Room/suite. City or town, state or province, country, and ZIP or foreign postal code: HARRISBURG, PA 17101

D Employer identification number: 23-0961125

E Telephone number: (717) 255-7000

G Gross receipts \$ 77,565,757

F Name and address of principal officer: JEFFREY D NEY TREASURER, 400 NORTH THIRD STREET, HARRISBURG, PA 17101

H(a) Is this a group return for subordinates? No

H(b) Are all subordinates included? No

H(c) Group exemption number

I Tax-exempt status: 501(c)(3), 501(c)(6), 4947(a)(1) or 527

J Website: WWW.PSEA.ORG

K Form of organization: Corporation

L Year of formation: 1852

M State of legal domicile: PA

Part I Summary

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

Table with 2 columns: Description and Amount. Rows include: 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (45). 4 Number of independent voting members of the governing body (40). 5 Total number of individuals employed in calendar year 2020 (266). 6 Total number of volunteers (2,900). 7a Total unrelated business revenue from Part VIII, column (C), line 12 (97,050). 7b Net unrelated business taxable income from Form 990-T, line 39 (41,514).

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants (0), 9 Program service revenue (71,459,932), 10 Investment income (2,617,973), 11 Other revenue (642,724), 12 Total revenue (74,720,629).

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid (513,058), 14 Benefits paid to or for members (24,735), 15 Salaries, other compensation, employee benefits (48,491,900), 16a Professional fundraising fees (0), 16b Total fundraising expenses (0), 17 Other expenses (15,025,155), 18 Total expenses (64,054,848), 19 Revenue less expenses (10,665,781).

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets (155,791,066), 21 Total liabilities (69,122,347), 22 Net assets or fund balances (86,668,719).

Part II Signature Block

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

Sign Here: Signature of officer JEFFREY D NEY TREASURER, Date 2022-05-02, Type or print name and title

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN P00847851, Firm's name GRANT THORNTON LLP, Firm's EIN 36-6055558, Firm's address 1000 WILSON BLVD SUITE 1400 ARLINGTON, VA 22209, Phone no. (703) 847-7500

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
FIELD SERVICES: THE FIELD SERVICES DIVISION PROVIDES DIRECT SUPPORT AND SERVICE TO LOCAL LABOR UNION ASSOCIATIONS, THEIR LEADERS AND APPROXIMATELY 178,000 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.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
LEGAL SERVICES: THE LEGAL DIVISION IS RESPONSIBLE FOR PROVIDINGLEGAL SERVICES TO PSEA'S APPROXIMATELY 178,000 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. IN THE 2020-2021 FISCAL YEAR, THE ATTORNEYS COLLECTIVELY OPENED AND WORKED ON NEARLY 700 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 EDUCATORS EMPLOYMENT LIABILITY PROGRAM AND THE ASSOCIATION'S LIABILITY INSURANCE POLICY.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
GOVERNMENT RELATIONS: THE PRIMARY GOAL OF THE GOVERNMENT RELATIONSDIVISION AND ALL OF ITS PROGRAMS IS TO BUILD BIPARTISAN SUPPORT FOR PUBLIC EDUCATION IN ORDER TO PASS POSITIVE LEGISLATION AND BLOCK NEGATIVE LEGISLATION AT THE STATE AND FEDERAL LEVEL, WHICH IS IN LINE WITH PSEA'S PRO-PUBLIC EDUCATION AGENDA AND OUR MEMBERS' INTERESTS.THIS GOAL IS ACCOMPLISHED THROUGH LEGISLATIVE AND AGENCY LOBBYING, COMMUNICATION WITH OUR MEMBERS REGARDING PUBLIC OFFICIALS AND CANDIDATES' POSITIONS ON EDUCATION ISSUES, AND COORDINATION WITH VARIOUS COALITIONS IN SUPPORT OF PUBLIC EDUCATION AND OUR LEGISLATIVE EFFORTS. IN ADDITION, PSEA STRIVES TO ENGAGE AND MOTIVATE MEMBERS INTO ACTION THROUGH TRAINING, EDUCATION, AND GRASSROOTS ACTIVISM.

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows include questions 1 through 21 regarding organizational requirements and reporting.

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

		Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	Yes	
23	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? <i>If "Yes," complete Schedule J</i> . . . . .	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons?		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	Yes	
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**  
 Check if Schedule O contains a response or note to any line in this Part V . . . . .

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 16 main rows (2a-16) and sub-rows (a-h). Columns include question text, a grid for 'Yes/No', and a grid for '2a-16'. Row 2a contains the value '266'. Row 16 includes a note: 'If "Yes," complete Form 4720, Schedule O.'

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year... 1b Enter the number of voting members included in line 1a, above, who are independent... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?...

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?...

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 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. 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: JEFFREY D NEY TREASURER 400 NORTH 3RD STREET HARRISBURG, PA 17101 (717) 255-7000

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

Check if Schedule O contains a response 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.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RICHARD W ASKEY PRESIDENT	55.00 2.00	X		X			144,332	0	81,952	
(2) AARON F CHAPIN VICE PRESIDENT	55.00 4.00	X		X			89,891	0	71,521	
(3) JEFFREY D NEY TREASURER	55.00 3.00	X		X			84,049	0	65,857	
(4) DAWN L BANDLE DIRECTOR	7.00 0.00	X					15,600	0	0	
(5) NANCY M BEHE DIRECTOR	7.00 0.00	X					12,400	0	0	
(6) MELISSA M BRANT DIRECTOR	7.00 0.00	X					11,400	0	0	
(7) DAWN M BLAUS DIRECTOR	7.00 0.00	X					11,400	0	0	
(8) MELODY HASSINGER DIRECTOR	7.00 0.00	X					8,400	0	0	
(9) CHARLES D FULLER DIRECTOR	7.00 0.00	X					8,400	0	0	
(10) MARIA N HEINRICH DIRECTOR	7.00 0.00	X					8,400	0	0	
(11) BRYAN T SANGUINITO DIRECTOR	7.00 0.00	X					8,400	0	0	
(12) JENA BRODHEAD DIRECTOR	7.00 0.00	X					8,400	0	0	
(13) SHAWN A KERBEIN DIRECTOR	7.00 0.00	X					8,400	0	0	
(14) MARC A HOWSHALL DIRECTOR	7.00 0.00	X					8,400	0	0	
(15) CINDY LAWN DIRECTOR	7.00 0.00	X					8,400	0	0	
(16) HOLLY P HARRINGTON DIRECTOR	7.00 0.00	X					8,400	0	0	
(17) MARGARET A ROCKWELL DIRECTOR	7.00 0.00	X					8,400	0	0	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) BILL SENAVATTIS DIRECTOR	7.00 0.00	X					8,400	0	0	
(19) ALAN M MALACHOWSKI DIRECTOR	7.00 0.00	X					8,400	0	0	
(20) WILLIAM D MCGILLEND 123120 DIRECTOR	7.00 0.00	X					8,400	0	0	
(21) BRIAN REISER DIRECTOR	7.00 0.00	X					8,400	0	0	
(22) ROSETTA A DUFALLA DIRECTOR	7.00 0.00	X					8,400	0	0	
(23) JENNIFER J AGOLINO DIRECTOR	7.00 0.00	X					8,400	0	0	
(24) ELLEN E RAGUCKAS DIRECTOR	7.00 0.00	X					8,400	0	0	
(25) TRACEY L HART DIRECTOR	7.00 0.00	X					8,400	0	0	
(26) JANICE E PEARSON DIRECTOR	7.00 0.00	X					8,400	0	0	
(27) PAMELA R BROWN DIRECTOR	7.00 0.00	X					8,400	0	0	
(28) GARY D GITTIS DIRECTOR	7.00 0.00	X					8,400	0	0	
(29) MICHAEL D DEHAUT DIRECTOR	7.00 0.00	X					8,400	0	0	
(30) JIMBO G LAMB DIRECTOR	7.00 0.00	X					8,400	0	0	
(31) KEVIN T DOWNS DIRECTOR	7.00 0.00	X					8,400	0	0	
(32) BENJAMIN C RUGG DIRECTOR	7.00 0.00	X					8,400	0	0	
(33) RACHAEL M CURRY DIRECTOR	7.00 0.00	X					8,400	0	0	
(34) JOSEPH B STEEVES DIRECTOR	7.00 0.00	X					8,400	0	0	
(35) DAVID W TAYLOR DIRECTOR	7.00 1.00	X					8,400	0	0	
(36) MARY MORAN DIRECTOR	7.00 0.00	X					8,400	0	0	
(37) PATSY J TALLARICO DIRECTOR	7.00 0.00	X					8,400	0	0	
(38) RUDOLPH BURRUSS DIRECTOR	7.00 0.00	X					8,400	0	0	
(39) CHERYL S MATTERN DIRECTOR	7.00 0.00	X					8,400	0	0	
(40) KEVIN T DEELY DIRECTOR	7.00 0.00	X					8,400	0	0	
(41) MOLLIE P MUMAU DIRECTOR	7.00 0.00	X					8,400	0	0	
(42) STEPHANIE L TOWLES DIRECTOR	7.00 0.00	X					8,400	0	0	
(43) DEBRA LEE BEG 010121 DIRECTOR	7.00 0.00	X					5,600	0	0	
(44) RAYMOND L MILLIGAN II DIRECTOR	7.00 0.00	X					2,800	0	0	
(45) JOLYNN ANN YOUNG DIRECTOR	7.00 0.00	X					2,100	0	0	
(46) MELISSA M COSTANTINO-PORUBEN DIRECTOR (BEG 02/01/21)	7.00 0.00	X					0	0	0	
(47) JAMES G VAUGHAN EXECUTIVE DIRECTOR	55.00 2.00			X			244,176	0	87,169	
(48) LYNNE L WILSON GENERAL COUNSEL	55.00 0.00			X			224,222	0	78,407	
(49) JAMES PENDLETON AED FOR IT	55.00 0.00			X			188,457	0	111,273	
(50) DANIEL M WIEDEMER AED FOR GOV'T RELATIONS	55.00 1.00			X			193,853	0	97,501	
(51) JOSEPH F HOWLETT AED FOR ADMINISTRATIVE SERVICES	55.00 2.00			X			197,432	0	90,079	
(52) DAVID L WAZETER AED FOR PROGRAM SERVICES	55.00 0.00			X			197,621	0	78,054	
(53) LISA K BUETTNER AED FOR FIELD OPERATIONS	55.00 0.00			X			197,202	0	78,342	
(54) WALTER W WOJCIK AED FOR HUMAN RESOURCES	55.00 0.00			X			192,694	0	75,277	
(55) TERRY BURNETT REGION FIELD DIRECTOR	55.00 0.00				X		226,448	0	67,387	
(56) CRAIG APESSOS REGION FIELD DIRECTOR	55.00 0.00				X		226,515	0	66,911	
(57) VIRGINIA COWLEY UNISERV REPRESENTATIVE	55.00 0.00				X		213,657	0	71,430	
(58) JANINE YODANIS UNISERV REPRESENTATIVE	55.00 0.00				X		213,932	0	70,551	
(59) JOHN MCKIERNAN UNISERV REPRESENTATIVE	55.00 0.00				X		211,619	0	68,013	
(60) CINDY J HAKE FORMER AED FOR IT	0.00 0.00					X	103,475	4,973	60	
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							3,504,875	4,973	1,259,784	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 155**

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
MANSI MEDIA 3899 N FRONT STREET HARRISBURG, PA 17110	ADVERTISING	502,328
KILLIAN & GEPHART 218 PINE STREET HARRISBURG, PA 17101	LEGAL SERVICES	475,093
INTELLIPRINT SOLUTIONS INC 3930 CHAMBERS HILL ROAD HARRISBURG, PA 17111	PRINTING	346,891
LOGICALIS PO BOX 67000 DETROIT, MI 48267	IT PROFESSIONAL SERVICES	278,839
ANSTADT COMMUNICATIONS PO BOX 1626 YORK, PA 17405	PRINTING	226,743

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 12**

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
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<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>			
	<b>b</b> Membership dues . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . .	<b>1c</b>			
	<b>d</b> Related organizations	<b>1d</b>			
	<b>e</b> Government grants (contributions)	<b>1e</b>			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>			
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$	<b>1g</b>			
<b>h Total.</b> Add lines 1a-1f . . . . .					

<b>Program Service Revenue</b>		Business Code			
<b>2a</b> MEMBERSHIP DUES & ASSESSMENT	900099	66,105,566	66,105,566		
<b>b</b> NAT'L EDUCATION ASSOC REIMB	900099	5,607,788	5,607,788		
<b>c</b> ADVERTISING	511190	97,050	0	97,050	
<b>d</b> CONFERENCES	900099	3,375	3,375		
<b>e</b> AMERICAN FED TEACHERS REIMBURSEME	900099	942	942		
<b>f</b> All other program service revenue.					
<b>g Total.</b> Add lines 2a-2f. . . . .		71,814,721			

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		2,072,458		2,072,458	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties . . . . .		140,599		140,599	
	<b>6a</b> Gross rents	(i) Real	20,410			
		(ii) Personal				
		<b>6b</b> Less: rental expenses	23,856			
		<b>6c</b> Rental income or (loss)	-3,446			
	<b>d</b> Net rental income or (loss) . . . . .		-3,446		-3,446	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	2,954,274			
		(ii) Other				
		<b>7b</b> Less: cost or other basis and sales expenses	1,162,898			
		<b>7c</b> Gain or (loss)	1,791,376			
	<b>d</b> Net gain or (loss) . . . . .		1,791,376		1,791,376	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>				
	<b>b</b> Less: direct expenses	<b>8b</b>				
<b>c</b> Net income or (loss) from fundraising events . . . . .						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>					
<b>b</b> Less: direct expenses	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . .						
<b>10a</b> Gross sales of inventory, less						

returns and allowances . . .	<b>10a</b>				
<b>b</b> Less: cost of goods sold	<b>10b</b>				
<b>c</b> Net income or (loss) from sales of inventory . . .					
Miscellaneous Revenue	Business Code				
<b>11a</b> MEMBERSHIP SERVICES REVENUE	900099	194,397	194,397		
<b>b</b> LEGAL FEE RECOVERIES	900099	158,232	158,232		
<b>c</b> STRIKE LOAN RECOVERIES	900099	383	383		
<b>d</b> All other revenue . . . . .		210,283	210,283		
<b>e Total.</b> Add lines 11a-11d . . . . .		563,295			
<b>12 Total revenue.</b> See instructions . . . . .		76,379,003	72,280,966	97,050	4,000,987

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).  
 Check if Schedule O contains a response or note to any line in this Part IX

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	262,398			
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	25,675			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
<b>4</b> Benefits paid to or for members	24,735			
<b>5</b> Compensation of current officers, directors, trustees, and key employees	3,777,882			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	28,016,734			
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,349,543			
<b>9</b> Other employee benefits	9,327,826			
<b>10</b> Payroll taxes	2,261,364			
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	1,155,674			
<b>c</b> Accounting	155,659			
<b>d</b> Lobbying	103,720			
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	42,493			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	640,245			
<b>12</b> Advertising and promotion	947,610			
<b>13</b> Office expenses	1,919,146			
<b>14</b> Information technology	1,349,042			
<b>15</b> Royalties				
<b>16</b> Occupancy	1,817,315			
<b>17</b> Travel	349,002			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	3,772			
<b>19</b> Conferences, conventions, and meetings	525,751			
<b>20</b> Interest	133			
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	865,830			
<b>23</b> Insurance	117,683			
<b>24</b> 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.)				
<b>a</b> TRANSFER TO SSF	925,000			
<b>b</b> LOCAL AFFILIATE REBATES	771,549			
<b>c</b> BANK/CREDIT CARD PROCES	728,346			
<b>d</b> REFERENCE MATERIALS	135,880			
<b>e</b> All other expenses	84,517			
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	61,684,524			
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

Table with columns (A) Beginning of year, (B) End of year, and rows for Assets (1-16), Liabilities (17-26), and Net Assets or Fund Balances (27-33).

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	76,379,003
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	61,684,524
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	14,694,479
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	86,668,719
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	4,387,053
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	40,149,393
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	<b>10</b>	145,899,644

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>2c</b>	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>3b</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.		

**Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**Form 990, Special Condition Description:**

**Special Condition Description**

2020

Open to Public Inspection

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

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

Department of the Treasury Internal Revenue Service

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

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

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization PENNSYLVANIA STATE EDUCATION ASSOCIATION

Employer identification number

23-0961125

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
2 Political campaign activity expenditures (see instructions) \$ 925,000
3 Volunteer hours for political campaign activities (see instructions)

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b. \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received. Row 1: (1) FUND FOR STUDENT SUCCESS, 400 NORTH THIRD STREET HARRISBURG, PA 17101, 83-1322288, 0, 925,000.

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

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> <b>(The term "expenditures" means amounts paid or incurred.)</b>	<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%; text-align:left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%; text-align:left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

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

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

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

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

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	66,105,566
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	<b>2a</b>	4,929,203
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	4,929,203
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	<b>3</b>	6,610,557
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	-1,681,354

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART I-A, LINE 1:	DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES PSEA ESTABLISHED THE FUND FOR STUDENT SUCCESS (THE FUND) TO WORK WITH LIKE-MINDED ORGANIZATIONS TO EDUCATE THE PUBLIC ABOUT THE NEED TO ELECT PRO-PUBLIC EDUCATION OFFICIALS. ACTIVITIES OF THE FUND INCLUDE WORKING WITH LIKE-MINDED ORGANIZATIONS TO COMMUNICATE WITH THE PUBLIC ABOUT PENNSYLVANIA'S PUBLIC SCHOOLS, STUDENTS, COMMUNITIES, AND EDUCATION PROFESSIONALS TO DRIVE THE MESSAGE TO THE PUBLIC THAT PENNSYLVANIA'S CHILDREN DESERVE BETTER AND ELECTED OFFICIALS SHOULD MAKE PUBLIC EDUCATION A PRIORITY. THE FUND IS A SECTION 527(F)(3) SEPARATE SEGREGATED FUND THAT IS SUBJECT TO ITS OWN FILING REQUIREMENTS AND THEREFORE FILES A SEPARATE 990 RETURN. PSEA COLLECTED AND TRANSFERRED DUES EARMARKED FOR THE FUND IN THE AMOUNT OF \$925,000 DURING THE FISCAL YEAR ENDED 8/31/2021. THIS TRANSFER AMOUNT IS INCLUDED IN PART I-A, LINE 2 AND IN PART III-B, LINE 2A. ADDITIONAL INFORMATION FOR SCHEDULE C: PSEA ESTABLISHED THE PSEA-PACE FOR STATE ELECTIONS POLITICAL ACTION COMMITTEE (PACE) FOR THE PURPOSE OF CONTRIBUTING TO THE CAMPAIGNS OF CANDIDATES FOR STATE AND LOCAL OFFICES AND MAKING INDEPENDENT EXPENDITURES TO SUPPORT CANDIDATES FOR STATE AND LOCAL OFFICES IN ORDER TO ELECT PUBLIC OFFICIALS WHO ARE COMMITTED TO THE WELFARE OF CHILDREN, PUBLIC EDUCATION, AND PSEA MEMBERS; AND TO QUALITY HEALTH CARE FOR PENNSYLVANIA'S CITIZENS. PACE IS A SECTION 527(F)(3) SEPARATE SEGREGATED FUND THAT IS SUBJECT TO ITS OWN FILING REQUIREMENTS AND THEREFORE FILES A SEPARATE 990 RETURN. PACE IS FUNDED BY VOLUNTARY CONTRIBUTIONS FROM MEMBERS AND EMPLOYEES AS OPPOSED TO ANY EARMARKED DUES. REQUESTS FOR CONTRIBUTIONS INCLUDE AN EXPRESS STATEMENT THAT SUCH CONTRIBUTIONS ARE NOT TAX DEDUCTIBLE AS CHARITABLE CONTRIBUTIONS FOR FEDERAL AND STATE INCOME TAX PURPOSES. PSEA PAYS EXPENSES RELATED TO ISSUES BASED LOBBYING ON BEHALF OF ITS MEMBERS, COMMUNICATING WITH ITS MEMBERS IN SUPPORT OR OPPOSITION OF A CANDIDATE, AND PACE FUNDRAISING AND ADMINISTRATIVE EXPENSES. THESE EXPENSES ARE REPORTED IN PART III-B, LINE 2A OF SCHEDULE C. IN ADDITION, PSEA PROVIDES ADMINISTRATIVE SUPPORT TO PACE WHICH IS DOCUMENTED THROUGH AN ADMINISTRATIVE SERVICES AGREEMENT.

**Additional Data**

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**Software ID:**  
**Software Version:**

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization PENNSYLVANIA STATE EDUCATION ASSOCIATION

Employer identification number

23-0961125

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Year. Rows include: 1 Purpose(s) of organization conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) 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 financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ .....
  - b** Permanent endowment ▶ .....
  - c** Term endowment ▶ .....
- The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations . . . . .
- (ii)** Related organizations . . . . .

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		1,257,308		1,257,308
<b>b</b> Buildings . . . . .		19,935,851	13,987,743	5,948,108
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		7,202,077	6,253,570	948,507
<b>e</b> Other . . . . .		177,094	165,291	11,803
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c.) . . . ▶				8,165,726

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments—Program Related.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	3,395,648

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	80,795,071
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	4,387,053
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	4,387,053
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	76,408,018
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	-29,015
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	-29,015
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	76,379,003

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	61,733,380
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	48,856
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	48,856
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	61,684,524
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	61,684,524

**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
PART X, LINE 2:	LIABILITY FOR UNCERTAIN TAX POSITION (ASC 740) THE ASSOCIATION QUALIFIES UNDER THE PROVISIONS OF SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE AS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX EXCEPT FOR ACTIVITIES CONSIDERED TO BE UNRELATED TO ITS EXEMPT PURPOSE. NO PROVISION FOR INCOME TAXES WAS REQUIRED FOR 2021 OR 2020. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ASSOCIATION AND HAS CONCLUDED THAT, AS OF AUGUST 31, 2021 AND 2020, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	EXPENSES PAID OR INCURRED IN CONNECTION WITH THE RENTAL PROPERTY (RECLASS) -23,856. HEALTHCARE-PSEA ARBITRATION/INTEREST REVENUE -5,159.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	EXPENSES PAID OR INCURRED IN CONNECTION WITH THE RENTAL PROPERTY (RECLASS) 23,856. FUND FOR STUDENT SUCCESS - EXPENSE 950,000. FUND FOR STUDENT SUCCESS - REVENUE -925,000.

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**Schedule I  
(Form 990)**

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the  
Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for the latest information.

Name of the organization  
PENNSYLVANIA STATE EDUCATION ASSOCIATION

Employer identification number  
23-0961125

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

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(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
(1) KEYSTONE RESEARCH CENTER INC 412 NORTH THIRD STREET HARRISBURG, PA 17101	25-1776998	501(C)(3)	33,400				GENERAL SUPPORT
(2) PSEA EDUCATION FOUNDATION 400 N THIRD STREET HARRISBURG, PA 17101	31-1649860	501(C)(3)	67,800				WELFARE GRANT/TRAINING PROGRAMS
(3) SHELLY LYONS 219 STATE STREET HARRISBURG, PA 17101	41-2240921	N/A	50,000				CLEAR COALITION FUND SUPPORT
(4) PSEA SCHOLARSHIP TRUST 400 N THIRD STREET HARRISBURG, PA 17101	23-2225710	501(C)(3)	9,100				SCHOLARSHIP PROGRAMS

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

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) MEMBER ASSISTANCE GRANTS	1	2,000			
(2) POLITICAL ACTION COMMITTEE FUNDRAISING PRIZES	51	15,807			
(3) REGION ART CONTEST PRIZES	14	2,810			
(4) MEMBER BENEFIT VENDOR PRIZES	1	58			
(5) REGION SCHOLARSHIP GRANTS	5	5,000			
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	PROCEDURE FOR MONITORING USE OF GRANT FUNDS INSIDE U.S. 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, AGENCY FEE, 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 SPONSORSHIPS TO OTHER NON-PROFIT OR GOVERNMENTAL ENTITIES FOR GENERAL SUPPORT OR IN SUPPORT OF EFFORTS COMMITTED TO PUBLIC EDUCATION.

**Additional Data**

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**Schedule J**  
**(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
PENNSYLVANIA STATE EDUCATION ASSOCIATION

Employer identification number  
23-0961125

**Part I Questions Regarding Compensation**

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

- |   |   |
|---|---|
| <input type="checkbox"/> First-class or charter travel            | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions         | <input type="checkbox"/> Payments for business use of personal residence            |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees              |
| <input type="checkbox"/> Discretionary spending account           | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)            |

**b** If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

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

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

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

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

**Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
  - b** Any related organization?
- If "Yes," on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
  - b** Any related organization?
- If "Yes," on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

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

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

	Yes	No
<b>1a</b>		
<b>1b</b>	Yes	
<b>2</b>		
<b>3</b>		
<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		
<b>5b</b>		
<b>6a</b>		
<b>6b</b>		
<b>7</b>		
<b>8</b>		
<b>9</b>		

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

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

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JAMES G VAUGHAN EXECUTIVE DIRECTOR	(i)	207,098	25,000	12,078	51,205	35,964	331,345	0
	(ii)	0	0	0	0	0	0	0
2 LYNNE L WILSON GENERAL COUNSEL	(i)	196,134	2,726	25,362	44,257	34,150	302,629	0
	(ii)	0	0	0	0	0	0	0
3 JAMES PENDLETON AED FOR IT	(i)	178,977	2,480	7,000	74,304	36,969	299,730	0
	(ii)	0	0	0	0	0	0	0
4 TERRY BURNETT REGION FIELD DIRECTOR	(i)	160,895	0	65,553	32,181	35,206	293,835	0
	(ii)	0	0	0	0	0	0	0
5 CRAIG APESSOS REGION FIELD DIRECTOR	(i)	160,895	0	65,620	31,705	35,206	293,426	0
	(ii)	0	0	0	0	0	0	0
6 DANIEL M WIEDEMER AED FOR GOV'T RELATIONS	(i)	183,272	2,547	8,034	61,294	36,207	291,354	0
	(ii)	0	0	0	0	0	0	0
7 JOSEPH F HOWLETT AED FOR ADMINISTRATIVE SERVICES	(i)	183,272	2,547	11,613	55,353	34,726	287,511	0
	(ii)	0	0	0	0	0	0	0
8 VIRGINIA COWLEY UNISERV REPRESENTATIVE	(i)	152,808	0	60,849	35,230	36,200	285,087	0
	(ii)	0	0	0	0	0	0	0
9 JANINE YODANIS UNISERV REPRESENTATIVE	(i)	152,808	0	61,124	33,701	36,850	284,483	0
	(ii)	0	0	0	0	0	0	0
10 JOHN MCKIERNAN UNISERV REPRESENTATIVE	(i)	152,808	0	58,811	30,103	37,910	279,632	0
	(ii)	0	0	0	0	0	0	0
11 DAVID L WAZETER AED FOR PROGRAM SERVICES	(i)	183,272	2,547	11,802	41,457	36,597	275,675	0
	(ii)	0	0	0	0	0	0	0
12 LISA K BUETTNER AED FOR FIELD OPERATIONS	(i)	183,272	2,547	11,383	41,927	36,415	275,544	0
	(ii)	0	0	0	0	0	0	0
13 WALTER W WOJCIK AED FOR HUMAN RESOURCES	(i)	178,977	2,480	11,237	41,219	34,058	267,971	0
	(ii)	0	0	0	0	0	0	0
14 RICHARD W ASKEY PRESIDENT	(i)	134,521	0	9,811	47,370	34,582	226,284	0
	(ii)	0	0	0	0	0	0	0
15 AARON F CHAPIN VICE PRESIDENT	(i)	81,556	0	8,335	36,419	35,102	161,412	0
	(ii)	0	0	0	0	0	0	0
16 CINDY J HAKE FORMER AED FOR IT	(i)	80,536	0	22,939	0	60	103,535	11,995
	(ii)	0	0	4,973	0	0	4,973	0

**Part III Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 1A	<p>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 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 AMOUNTS INCLUDED IN THEIR 2020 TAXABLE INCOME FOR PSEA PROVIDED APARTMENTS.</p>

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**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JULIET NACE	SEE PART V : EE IS SPOUSE OF BOARD MEMBER	126,633	SEE PART V : EMPLOYEE COMPENSATION AND BENEFITS		No
(2) RUSSELL DAUBERMAN	SEE PART V : EE IS SPOUSE OF BOARD MEMBER	219,733	SEE PART V : EMPLOYEE COMPENSATION AND BENEFITS		No
(3) GEORGE LEADER	SEE PART V : EE IS SON-IN-LAW OF KEY EMPLOYEE	107,312	SEE PART V : EMPLOYEE COMPENSATION AND BENEFITS		No

**Part V Supplemental Information**

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

Return Reference	Explanation
SCHEDULE L, PART IV	EMPLOYEE COMPENSATION AND BENEFITS REPORTED IN COLUMN C ABOVE INCLUDES ALL FORMS OF CASH AND NONCASH COMPENSATION AND BENEFITS INCLUDING SALARIES, DEFERRED COMPENSATION SUCH AS RETIREMENT BENEFITS, AND ALL NONTAXABLE FRINGE BENEFITS.

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**SCHEDULE O**  
**(Form 990 or 990-**  
**EZ)****Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**2020****Open to Public  
Inspection**

Department of the Treasury

Name of the organization

PENNSYLVANIA STATE EDUCATION ASSOCIATION

Employer identification number

23-0961125

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	VOTING RIGHTS UNDER THE PSEA CONSTITUTION AND BYLAWS, THE VOTING MEMBERS OF THE BOARD OF DIRECTORS ARE AS FOLLOWS: THE EXECUTIVE OFFICERS, THE REGION AND PSEA-RETIRED REPRESENTATIVES, AND THE STATE REPRESENTATIVES ON THE NATIONAL EDUCATION ASSOCIATION (NEA) BOARD OF DIRECTORS. THE NON-VOTING MEMBERS OF THE BOARD OF DIRECTORS ARE AS FOLLOWS: THE PRESIDENTS OF THE DEPARTMENTS, THE CHAIRPERSON OF THE COUNCIL ON INSTRUCTION AND PROFESSIONAL DEVELOPMENT, THE PRESIDENT OF STUDENT PSEA, AND AN ETHNIC MINORITY REPRESENTATIVE.
FORM 990, PART VI, SECTION A, LINE 6	ORGANIZATION MEMBERS MEMBERSHIP, AS PROVIDED IN THE CONSTITUTION AND BYLAWS, SHALL BE AVAILABLE TO PERSONS ACTIVELY ENGAGED IN THE PROFESSION OF TEACHING OR IN OTHER EDUCATIONAL WORK IN PENNSYLVANIA, TO STUDENTS PREPARING FOR THE PROFESSION OF TEACHING, TO PERSONS RETIRED FROM EDUCATIONAL WORK, AND TO PERSONS INTERESTED IN ADVANCING THE CAUSE OF PUBLIC EDUCATION. MEMBERS WITH RIGHTS TO ELECT THE MEMBERS OF THE GOVERNING BODY INCLUDE THE FOLLOWING MEMBERSHIP CLASSES DESCRIBED IN THE PSEA CONSTITUTION & BYLAWS: ACTIVE MEMBERSHIP: ANY PERSON WHO IS ACTIVELY ENGAGED IN EDUCATIONAL WORK IN PENNSYLVANIA. LIFE MEMBERSHIP: ANY PERSON WHO IS AN ACTIVE MEMBER OF THE ASSOCIATION AND WHO HAS PAID THE LIFE MEMBERSHIP DUES OF 20 TIMES THE ANNUAL ACTIVE MEMBERSHIP DUES OF THE ASSOCIATION, EFFECTIVE DECEMBER 31, 1972, SHALL BE CONTINUED AS AN ACTIVE LIFE MEMBER OF THE ASSOCIATION. EDUCATION SUPPORT PROFESSIONAL MEMBERSHIP: ANY PERSON ACTIVELY ENGAGED IN EDUCATIONAL SUPPORT WORK IN PENNSYLVANIA. RETIRED MEMBERSHIP: ANY PERSON WHO HAS RETIRED FROM ACTIVE SERVICE AS A SCHOOL EMPLOYEE. STUDENT MEMBERSHIP: ANY PERSON WHO IS AN ACTIVE DUES-PAYING MEMBER OF STUDENT PSEA AND IS A STUDENT MEMBER OF NEA.
FORM 990, PART VI, SECTION A, LINE 7A	GOVERNING BODY ELECTION PROCESS PSEA IS GOVERNED BY ITS CONSTITUTION AND BYLAWS, STANDING RULES, AND SUCH OTHER ACTIONS AS THE HOUSE OF DELEGATES AND THE BOARD OF DIRECTORS, THE TWO GOVERNING BODIES, MAY TAKE WHICH ARE CONSISTENT WITH THOSE GOVERNING DOCUMENTS. THE GOVERNANCE STRUCTURE OF PSEA ALSO INCLUDES REGIONS AND LOCAL ASSOCIATIONS. LOCAL ASSOCIATION OFFICERS AND DELEGATES TO REGION HOUSES OF DELEGATES AND THE PSEA HOUSE OF DELEGATES ARE ELECTED THROUGH OPEN NOMINATIONS, BY SECRET BALLOT, BY MAJORITY VOTE, AND IN CONFORMITY WITH THE ONE PERSON ONE VOTE PRINCIPLE. EACH REGION IS ENTITLED TO ONE REPRESENTATIVE ON THE BOARD OF DIRECTORS FOR EVERY 4,500 ACTIVE MEMBERS WITHIN THE REGION; PROVIDED HOWEVER THAT EACH REGION WILL HAVE AT LEAST 2 REPRESENTATIVES AND NO MORE THAN 5 REPRESENTATIVES. EACH REGION REPRESENTATIVE ON THE BOARD OF DIRECTORS SHALL BE ELECTED AT AN ANNUAL REGION HOUSE OF DELEGATES OR BY DIRECT VOTE OF THE REGION MEMBERSHIP THROUGH OPEN NOMINATION, BY MAJORITY VOTE, AND BY SECRET BALLOT. REGION REPRESENTATIVES WHO ARE ELECTED AS LOCAL DELEGATES OR BY DIRECT VOTE OF THE REGION MEMBERSHIP ARE ENTITLED TO FULL DELEGATE STATUS AT THE PSEA HOUSE OF DELEGATES; OTHERWISE, THEY MAY VOTE AT THE HOUSE, BUT NOT WITH RESPECT TO DUES OR THE ELECTION OF THE PSEA EXECUTIVE OFFICERS OR THE NEA BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 REVIEW PROCESS THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS A DRAFT OF THE FORM 990 WITH MANAGEMENT. AFTER THE AUDIT COMMITTEE REVIEWS THE FORM 990 AND PRIOR TO ITS FILING WITH THE TAXING AUTHORITY, IT WILL BE DISTRIBUTED ELECTRONICALLY TO ALL VOTING AND NON-VOTING MEMBERS OF THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICY MONITORING THE ASSOCIATION HAS A CONFLICT OF INTEREST POLICY THAT COVERS THE FOLLOWING INDIVIDUALS: EXECUTIVE OFFICERS; OFFICERS; BOARD MEMBERS; ELECTED OR APPOINTED INDIVIDUALS TO AN ASSOCIATION COMMITTEE, COMMISSION, BOARD, OR TASK FORCE; AND EMPLOYEES. THE ASSOCIATION'S CONFLICT OF INTEREST POLICY REQUIRES EXECUTIVE OFFICERS, OFFICERS, BOARD MEMBERS, AND EMPLOYEES THAT ARE MEMBERS OF MANAGEMENT TO REVIEW THE POLICY AND DISCLOSE ANY POSSIBLE PERSONAL, FAMILIAL, AND/OR BUSINESS RELATIONSHIPS THAT COULD GIVE RISE TO A CONFLICT OF INTEREST. ON AN ANNUAL BASIS, THESE INDIVIDUALS WILL EITHER DISCLOSE SUCH RELATIONSHIPS OR INDICATE THAT NO SUCH RELATIONSHIPS EXIST ON A STATEMENT OF DISCLOSURE. THE STATEMENTS OF DISCLOSURE ARE REVIEWED BY MEMBERS OF MANAGEMENT AND SELECTED EMPLOYEES. IF A CONFLICT IS PERCEIVED TO EXIST, THE MATTER INVOLVING AN EXECUTIVE OFFICER, OFFICER, BOARD MEMBER, OR ELECTED OR APPOINTED INDIVIDUAL TO AN ASSOCIATION COMMITTEE, COMMISSION, BOARD, OR TASK FORCE IS TURNED OVER TO THE CHAIRPERSON OF THE PROFESSIONAL RIGHTS AND RESPONSIBILITIES COMMISSION ("COMMISSION"). THE COMMISSION SHALL SELECT THREE PSEA ASSOCIATION MEMBERS TO SERVE AS AN INVESTIGATION COMMITTEE. THE INVESTIGATION COMMITTEE WILL INVESTIGATE THE CHARGE AND INCORPORATE ITS FINDINGS AND CONCLUSIONS INTO A WRITTEN REPORT WHICH WILL BE SUBMITTED TO THE COMMISSION. THE COMMISSION WILL HAVE THE FINAL DECISION AS TO WHETHER A CONFLICT DOES IN FACT EXIST. ALTHOUGH ASSOCIATION EMPLOYEES, OTHER THAN EMPLOYEES THAT ARE MEMBERS OF MANAGEMENT, DO NOT COMPLETE AN ANNUAL STATEMENT OF DISCLOSURE, THE EXECUTIVE DIRECTOR OF THE ASSOCIATION HAS THE RESPONSIBILITY TO IMPLEMENT AND ENFORCE THE CONFLICT OF INTEREST POLICY FOR MATTERS INVOLVING ANY EMPLOYEES. THE EXECUTIVE DIRECTOR'S RESPONSIBILITY INCLUDES DETERMINING WHETHER A CONFLICT EXISTS AND RESOLVING ANY QUESTIONS THAT MAY ARISE REGARDING THE INTERPRETATION OR APPLICATION OF ANY PROVISION OF THE POLICY. THE EXECUTIVE DIRECTOR MAY ALSO TAKE CORRECTIVE ACTION TO DEAL WITH ANY VIOLATIONS OF THE POLICY. WHEN A CONFLICT IS DETERMINED TO EXIST, THE EXECUTIVE DIRECTOR OR THE COMMISSION WILL SUBMIT A REPORT TO THE INDIVIDUAL INVOLVED STATING ONE OF THE FOLLOWING: (1) THAT SUCH INDIVIDUAL IS PROHIBITED FROM PARTICIPATING IN ANY DISCUSSION OR DELIBERATION AND DECISION REGARDING THE TRANSACTION OR (2) THAT THE EXECUTIVE DIRECTOR/COMMISSION IS RECOMMENDING A METHOD FOR ELIMINATING THE CONFLICT. THE INDIVIDUAL WILL HAVE A REASONABLE PERIOD OF TIME TO COMPLY WITH THE RECOMMENDATION FOR ELIMINATING THE CONFLICT. IF THE INDIVIDUAL DOES NOT COMPLY, THEN HE OR SHE MAY BE REMOVED OR IMPEACHED FROM THEIR POSITION AS PROVIDED FOR IN THE PSEA CONSTITUTION AND BYLAWS.
FORM 990,	EXECUTIVE COMPENSATION REVIEW COMPENSATION FOR KEY EMPLOYEES, OTHER THAN THE EXECUTIVE DIRECTOR, IS SET

Return Reference	Explanation
PART VI, SECTION B, LINE 15	BY THE PERSONNEL COMMITTEE AND THEN APPROVED BY THE BOARD OF DIRECTORS. COMPENSATION FOR THE EXECUTIVE DIRECTOR IS SET BY THE EXECUTIVE DIRECTOR REVIEW COMMITTEE AND THEN APPROVED BY THE BOARD OF DIRECTORS. COMPENSATION FOR KEY EMPLOYEES, INCLUDING THE EXECUTIVE DIRECTOR, AND ALL MANAGEMENT TEAM MEMBERS IS DOCUMENTED IN WRITTEN EMPLOYMENT CONTRACTS. THE SALARIES FOR OFFICERS, THE EXECUTIVE DIRECTOR AND ALL MANAGEMENT TEAM MEMBERS ARE BASED ON A DIFFERENTIAL (OR INDEXED RATE) FROM THE HIGHEST BARGAINING UNIT SALARY. THE PROCESS FOR DETERMINING OFFICERS AND KEY EMPLOYEES COMPENSATION INCLUDES A REVIEW OF COMPARABILITY DATA. COMPARISON DATA FROM OTHER NEA STATE AFFILIATES IS COLLECTED, SUMMARIZED, AND MADE AVAILABLE TO THE PERSONNEL AND EXECUTIVE DIRECTOR REVIEW COMMITTEES FOR THEIR CONSIDERATION. THE DELIBERATION PROCESS AND OUTCOME IS DOCUMENTED IN THE HUMAN RESOURCES CONFIDENTIAL FILES.
FORM 990, PART VI, SECTION C, LINE 19	DOCUMENT AVAILABILITY TO THE PUBLIC THE ASSOCIATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.
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 NOT INCLUDED IN THE FORM W-2 ISSUED BY PSEA.
FORM 990, PART XI, LINE 9:	EFFECT OF PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST 40,335,625. EFFECT OF POST RETIREMENT CHGS OTHER THAN NET PERIODIC POSTRETIREMENT COST -186,232.

## **Additional Data**

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**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

▶ **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](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
PENNSYLVANIA STATE EDUCATION ASSOCIATION

**Employer identification number**

23-0961125

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
<b>(1)</b> PSEA HEALTH & WELFARE FUND 400 NORTH THIRD STREET  HARRISBURG, PA 17101 23-2121745	BENEFITS	PA	501(C)(9)	N/A	PSEA	Yes	No
<b>(2)</b> PSEA-PACE FOR STATE ELECTIONS 400 NORTH THIRD STREET  HARRISBURG, PA 17101 23-2116856	PAC	PA	527	N/A	N/A		No
<b>(3)</b> PSEA RETIREE BENEFIT TRUST 400 NORTH THIRD STREET  HARRISBURG, PA 17101 25-6862258	BENEFITS	PA	501(C)(9)	N/A	N/A		No
<b>(4)</b> PSEA SCHOLARSHIP TRUST C/O MELLON BANK NA PO BOX 185  PITTSBURGH, PA 15230 23-2225710	SCHOLARSHIPS	PA	501(C)(3)	PF	N/A		No
<b>(5)</b> PSEA EDUCATION FOUNDATION 400 NORTH THIRD STREET  HARRISBURG, PA 17101 31-1649860	EDUCATIONAL	PA	501(C)(3)	PF	N/A		No
<b>(6)</b> HEALTHCARE - PSEA 400 NORTH THIRD STREET  HARRISBURG, PA 17101 27-0648795	MEMBER SVCS	PA	501(C)(6)	N/A	PSEA	Yes	
<b>(7)</b> FUND FOR STUDENT SUCCESS 400 NORTH THIRD STREET  HARRISBURG, PA 17101 83-1322288	SSF	PA	527	N/A	PSEA	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity . . . . .
- b** Gift, grant, or capital contribution to related organization(s) . . . . .
- c** Gift, grant, or capital contribution from related organization(s) . . . . .
- d** Loans or loan guarantees to or for related organization(s) . . . . .
- e** Loans or loan guarantees by related organization(s) . . . . .
- f** Dividends from related organization(s) . . . . .
- g** Sale of assets to related organization(s) . . . . .
- h** Purchase of assets from related organization(s) . . . . .
- i** Exchange of assets with related organization(s) . . . . .
- j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .
- k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .
- o** Sharing of paid employees with related organization(s) . . . . .
- p** Reimbursement paid to related organization(s) for expenses . . . . .
- q** Reimbursement paid by related organization(s) for expenses . . . . .
- r** Other transfer of cash or property to related organization(s) . . . . .
- s** Other transfer of cash or property from related organization(s) . . . . .

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>	Yes	
<b>1m</b>		No
<b>1n</b>	Yes	
<b>1o</b>	Yes	
<b>1p</b>	Yes	
<b>1q</b>	Yes	
<b>1r</b>	Yes	
<b>1s</b>		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b> PSEA HEALTH & WELFARE FUND	O	830,574	FMV
<b>(2)</b> FUND FOR STUDENT SUCCESS	R	925,000	FMV
<b>(3)</b> HEALTHCARE - PSEA	L	194,397	FMV



**Part VII Supplemental Information**

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

Return Reference	Explanation
SCHEDULE R, PART V	<p>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 &amp; 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 &amp; 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.</p>

Schedule R (Form 990) 2020

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