Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 154

For calendar year 2024, or fiscal year beginning _____, 2024, and ending

Do not send to the IRS. Keep for your records.

2024

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form8879TE for the latest information. EIN or SSN Name of filer PMA EDUCATION FUND

68-0621888

Name and title of officer or person subject to tax

CASEY HUSSEMAN B	RANDT EX	XECUTIVE D	TRECTOR			67.5		
Part I Type of Re	eturn and	Return Info	rmation				- the return Form	2038-CP
Check the box for the return and Form 5330 filers may 6a, 7a, 8a, 9a, or 10a belo 6b, 7b, 8b, 9b, or 10b, whi line below. Do not comple	for which yo enter dollar w, and the a chever is ap	ou are using this is and cents. For amount on that opplicable, blank	or all other time for the (do not ent	return being fil ter -0-). But, if	ed with this form was you entered -0- on the	blank, e returi	then leave line on, then enter -0-	on the applicable
1a Form 990 check here	. IVI	h Total reveni	ie, if any (F	orm 990, Part	VIII, column (A), line	12)	2h	267,959.
2a Form 990-EZ check	here	b Total revenu	se , if any (F	orm 990-EZ, III	ne 9)	· y · ·	3b	
3a Form 1120-POL chec	k here	b Total tax (Fo	orm 1120-P	OL, line 22)	OOO DE Bort V lir	no 5)	4b	
4a Form 990-PF check I	nere	b Tax based o	n investme	ent income (Fo	m 990-PF, Part V, III	le 3)	5b	
5a Form 8868 check he	re	b Balance due	(Form 886	58, line 3c)			6b	
6a Form 990-T check he	ere	b Total tax (Fo	orm 990-T,	Part III, line 4).			7b	46
7a Form 4720 check her	re	b Total tax (Fo	orm 4720, F	Part III, line 1).			8b	
8a Form 5227 check her	e	b FMV of asse	ets at end o	f tax year (For	n 522/, item D)		9b	
9a Form 5330 check her	′е	b Tax due (Fo	rm 5330, P	art II, line 19).	(5 0039 CB. Part	III line	e 22) 10b	
10a Form 8038-CP check					(Form 8038-CP, Part			
Part II Declaration a	nd Signa	ture Author	ization of	f Officer or I	Person Subject to	o Tax		
Under penalties of perjury, I		X I am a	n officer of	the above enti	ty or I am a per	son su (EIN)	ibject to tax with	respect to
(name of entity) and that I have examined a and belief, they are true, c electronic return. I consent IRS and to receive from the processing the return or refurinitiate an electronic funds w of the federal taxes owed c J.S. Treasury Financial Ag financial institutions involve return and, if applicable, the PIN: check one box only	e IRS (a) and and, and (c) the ithdrawal (direction this returnent at 1-888 and in the prosent at consent the consent the consent the irrection are consent the irrection are consent the irrection are consent to the consent the irrection are consent to the irrection are irrection.	n acknowledger ne date of any re rect debit) entry n, and the fina 8-353-4537 no ocessing of the the payment. o electronic fun	nent of recomment of recomment. If applied to the finan incial institulater than 2 electronic I have selected withdra	eipt or reason ilicable, I author cial institution to debit the business day payment of tacted a personal wal.	for rejection of the tractize the U.S. Treasury a cocount indicated in the lie entry to this account of the payment of the pay	ansmission its of tax present. To not (settle ential in the control of the contro	sion, (b) the readesignated Financeparation software revoke a payme lement) date. I anformation necell) as my signatu	son for any delay in ciral Agent to e for payment int, I must contact the also authorize the essary to answer re for the electronic
X I authorize <u>GOETZ</u> ,	DATIEV	C VALE	PS		to enter my PIN		40733	as my signature
						do no	five numbers, but t enter all zeros	
on the tax year 2024 agency(ies) regulating return's disclosure co	charities as i nsent scree	part of the IRS i en.	reu/State pi	rogram, raiso a	utilonize the dieveller.			
As an officer or person return. If I have indicate the IRS Fed/State prog		nter my PIN on	the return's	disclosure cons		, (- ,	tax year 2024 ele regulating charitie	
signature of officer or person subject	t to tax	assy lass	sman/L	Suamolt	The same of the sa		Date <u>4/17</u>	
Part III Certificatio	n and Au	thentication					. Table	
RO's EFIN/PIN. Enter you number (EFIN) followed by	r six-digit el your five-di	lectronic filing igit self-selecte	identification		9134 Do not e	nter all	zeros	
I certify that the above nu am submitting this retur Providers for Business Re	n in accorda	is my PIN, which ance with the i	n is my sigr requiremen	nature on the 20 its of Pub. 416	24 electronically filed 3, Modernized e-File	return (MeF)	indicated above.) Information for	I confirm that I Authorized IRS e-file

ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

GEOFF BAILEY, CPA

ERO's signature

Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

Open to Public Inspection

A	For the	e 2024 calen	dar year, or tax	year begin	ning		, 202	4, and endir	ng	pro per	,	20	7 7 7
В	Check if	applicable:	С						7	D Emplo	yer identif	ication number	N .
	Add	dress change	PMA EDUCA	rion fu	ND					68-	-06218	388	
	Nan	ne change	2011 1ST								hone numb		1504000
	Initi	ial return	SEATTLE, I	WA 9810	9-2504					(20	06) 32	25-0489	
	Final	I return/terminated								1	, ,	0 103	_
	\vdash	ended return								G Gross	receipts \$	267	959.
	\vdash	olication pending	F Name and addr	ess of principa	l officer:				H(a) Is this				X No
		Shoution perialing	SAME AS C	ABOVE					H(b) Are all	subordinate	es included		No
ī	Tay-e	xempt status:	X 501(c)(3)	501(c) (,) · ·	(insert no.)	4947(a)(1)	or 527	If "No,"	attach a lis	st. See inst	ructions.	1000
<u>.</u>	Web		W.PEOPLESM			(moore mo.)	14347 (α)(1) (01 027	H(c) Group	evemetion	number		
K		of organization:	X Corporation	Trust	Association	Other	1	Year of forma			1 5 10 10 70 1	gal domicile: WA	_
_	art I	Summar		Trust	Association	Other		_ rear of forma	tion: ZUU	3 141	State of le	gal dofficile: WA	
			y be the organiza	tion's miss	ion or mos	t cianificant s	ctivities: DN	A EDUCA	TTON F	TIMD W	אמר י	TO BE THE	
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පි	3 1		oting members of										10
∞5	4 N	Number of in	dependent votir	ng member	s of the go	verning body	(Part VI, lir	ne 1b)			4	1	10
ţį	5 T	otal number	of individuals e	employed in	n calendar	year 2024 (P	art V, line 2	2a)			5		0
Activities & Governance	6 T		of volunteers (A Danker IN	0
Ą			ed business rev										0.
	b N	let unrelated	business taxat	ole income	from Form	990-T, Part	I, line 11						0.
								_ ^	P	rior Yea		Current Ye	V-02
•			and grants (Pa		210,			,216.					
Ĕ			rice revenue (Pa					M^{11}	•		159.		,035.
Revenue			come (Part VIII					.		4,	434.	3	,708.
ш	11 0	other revenue	e (Part VIII, coli e – add lines 8	umn (A), lii	nes 5, 6d,	SC, DC	inc 11e7		•	000	011	0.67	050
										299,	911.		, 959.
			imilar amounts									20,	<u>,075.</u>
			enefits paid to or for members (Part Column (A), line 4)										
0)	100,130			A STATE OF THE REAL PROPERTY.									
nse.	16a P	Professional	fundraising fees	(Part IX, o	column (A)								
Expenses	b T	otal fundrais	sing expenses (I	Part IX, col	lumn (D), I	ine 25)					· ·		
ũ	17 C	Other expens	es (Part IX, coli	umn (A), lii	nes 11a-11	d, 11f-24e)				281,	243.	305,888.	
			es. Add lines 13							281,			,963.
	19 F	Revenue less	expenses. Sub	tract line 1	8 from line	12			dia i		668.		,004.
8						7				ng of Curre		End of Ye	
100	20 T	Total assets ((Part X, line 16).							296,			,982.
Assets	21 T	The second secon	s (Part X, line 2								558.		,766.
N. P.			fund balances.							295,	NY 192		,216.
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com	plete. Dec	claration of prepa	eclare that I have examiner (other than office	r) is based on	all information	of which prepare	er has any know	lledge.	the best of fi	ly knowledg	je and bene	ar, it is true, correct	, and
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Sig	nn	Signature	officer		100			1 21 101	Date	1	pl- 4 1 1		
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			name and title	DIVINDI					LALCOII		TELCTO	1	
-		Preparer's r	name		Preparer's s	ignature		Date		Check	if F	PTIN	
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US	C Only	Firm's addre				T STE 10	U					-1874918	
	11- 17-	0 4: "	WENATO		A 98801					Phone no.	509-	662-9691	I At
Ma	y the IR	s discuss th	is return with th	e preparer	snown abo	ove? See ins	tructions					X Yes	No

	990 (2024) PMA EDUCATION FUND 00-0021888 Page
Par	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
	Check if Schedule O contains a response of flote to any line in this Part III. Briefly describe the organization's mission:
1	CDE CCHEDITE O
	SEE SCHEDULE O
2	Did the organization undertake any significant program services during the year which were not listed on the prior
-	Form 990 or 990-EZ?
	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? Xes X
	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 \$ 118,890. including grants of \$) (Revenue \$ 37,617.
	EDUCATING MEMBERS ABOUT OPTIONS AND ENCOURAGING THEM TO COMPLETE ADVANCE
	PLANNING DOCUMENTS TO PRE-AUTHORIZE THEIR BURIAL OR CREMATION ARRANGEMENTS.
	PMA EDUCATION FUND MAKES THIS INFORMATION AND THESE FORMS AVAILABLE TO
	MEMBERS THROUGH NEW MEMBER PACKETS, EDUCATIONAL EVENTS AND ON OUR WEBSITE.
	SIMPLIFYING THE PROCESS OF PRE-AUTHORIZING FUNERAL ARRANGEMENTS NOT ONLY
	ASSURES MEMBERS THAT THEIR CREMATION OR BURIAL WISHES WILL BE HONORED BUT
	ALSO HELPS FAMILIES MAKE INFORMED CHOICES THAT ARE CONSISTENT WITH THEIR
	VALUES AS WELL WITHIN THEIR FAMILY BUDGET.
4b	(Code:) (Expenses \$ 100,497. including graphs \$) (Revenue \$ 36,437
	MAKING SIMPLE, DIGNIFIED, AFFORDABLE CREATION AND BURIAL SERVICES AVAILABLE TO CONSUMERS. THIS IS ACCOUNT THROUGH NEGOTIATING CONTRACTS
	WITH 22 FUNERAL HOMES ACROSS TIE TA E OF WASHINGTON, WHICH PROVIDES LOW
	COST CREMATION AND BURIAL VERY COST TO MEMBERS OF THE ASSOCIATION.
A-	(Code:) (Expenses \$ 51,332. including grants of \$) (Revenue \$ 16,241
40	
	EDUCATING ALL CONSUMERS REGARDING THEIR RIGHTS, OPTIONS AND
	RESPONSIBILITIES IN MAKING DEATH CARE CHOICES. THIS IS ACCOMPLISHED THROUGH
	PROVIDING CONSUMER INFORMATION ON OUR WEBSITE, THROUGH PUBLIC SPEAKING
	ENGAGEMENTS AND BY ANSWERING PHONE CALLS AND EMAILS FOR THOUSANDS OF
	CONSUMERS EVERY YEAR.
	On the second of
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 270,719.

Form 990 (2024) PMA EDUCATION FUND Part IV Checklist of Required Schedules

	to the executation department in continue FO1(a)(2) or 4047(a)(1) (other than a private foundation)? (6 "Vee " executation		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3	7E E	Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	3	х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	2-	x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		Х
8		8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Х
С	Did the organization report an amount for investments — program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or mile on to the last reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	s K	х
е	Did the organization report an amount for other liabilities in Part X in 2.5? If 'Complete Schedule D, Part X	11e	Was	Х
f	Did the organization's separate or consolidated financial statement of the tax year include a footnote that addresses the organization's liability for uncertain tax positions under \$2.50 (740)? If "Yes," complete Schedule D, Part X	11f	1.12	Х
12a	Did the organization obtain separate, independent a dited finantial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	3.	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	Х	110
Α Λ	TECANICAL CONFIDA			

Form 990 (2024) PMA EDUCATION FUND Part IV Checklist of Required Schedules (continued)

22	Did the examination report more than \$5,000 of grants or other assistance to be few down to in this late.		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? If "Yes," complete Schedule I, Parts I and III.	22		Х
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? If "Yes," complete Schedule J.	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	5.	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
	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? If "Yes," complete Schedule L, Part II	26		Х
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? If "Yes," complete Schedule L, Part III.	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			1.44
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	NO.	х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule In Par Vis	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations describe their 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash clini butions. If "Yes," complete Schedule M	29	10 3	X
30	Did the organization receive contributions of art, also tical resources, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedul 1979.	30		X
31	Did the organization liquidate, terminate, ordinally and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	12.3	Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
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>	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
man	Check if Schedule O contains a response or note to any line in this Part V	• • • • •		No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		14.00	640
С	Oid the organization comply with backup withholding rules for reportable payments to veridors and reportable garning (gambling) winnings to prize winners?	1c		THE PARTY NAMED IN
BAA	TEEA0104L 09/05/24	Form	990	(2024)

Form 990 (2024) PMA EDUCATION FUND

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

E ALLEGA		VA.	Yes	No					
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-								
	ments, filed for the calendar year ending with or within the year covered by this return			it to be					
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	1	The state of					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		de la	v					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5 -	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?								
	c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?								
	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?								
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	31						
7	Organizations that may receive deductible contributions under section 170(c).								
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			Here's					
	services provided to the payor?	7a	N. P.	X					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		ligação.					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	100	Х					
Ū	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
	If the organization received a contribution of cars, boats, airplanes, or other vehicles of the regardization file a	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a domard sed fund waintained by the sponsoring	0							
_	organization have excess business holdings at any time during the year?	8	(ACASSI)						
9	Did the sponsoring organization make an tax by dis ributions under section 4966?	9a		200000000					
a h	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?								
	Section 501(c)(7) organizations. Enter:		P. Salah						
	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders								
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		TO SUCCESS					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b								
	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		测量等35 点					
а	Is the organization licensed to issue qualified health plans in more than one state?	138							
b	그리어에서, 에어에서 아이에서,								
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans								
	Enter the amount of reserves on hand								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	2000	X					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		_					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	F 4124	X					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17							
BAA	130 at 15 to 10 processor knowledge of the process of the control	Forn	990	2024					

	described Box a "No" response to line 8a, 8b, or 10b below, describe the circumstant Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	ces, processes, or cha	nges	on				
Sec	tion A. Governing Body and Management			-07				
4 8				Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a 10						
t	Enter the number of voting members included on line 1a, above, who are independent	1 b 10						
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?							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?							
4	Did the organization make any significant changes to its governing documents		4		Х			
	since the prior Form 990 was filed?		5		X			
5	Did the organization become aware during the year of a significant diversion of the organization have members or stockholders? SEE. SCHEDULE.Q		6	Х				
6 7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	point one or more	7a	X				
b	members of the governing body?SEESCHEDULE							
8	Did the organization contemporaneously document the meetings held or written actions undertaken the following:							
а	The governing body?		8a	X				
b	Each committee with authority to act on behalf of the governing body?		8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who can organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O.</i> .	ot be reached at the	9		х			
Sec	tion B. Policies (This Section B requests information about policies no requests	ined by the Internal Re	eveni	ue Co	ode.)			
				Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?		10a	1.8	X			
b	If "Yes," did the organization have written policies and procedures governing the advittle of such chapters, affiliates, a prevations are consistent with the organization's exempt purposes?		10b		X			
11a	Tax the organization provided a complete copy of this party of the governing way							
h	b Describe on Schedule O the process, if any, used who required to review this Form 990. SEE SCHEDULE O							
12a	Did the organization have a written conflict unterest policy? If "No," go to line 13		12a	X				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that to conflicts?		12b	Х				
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Schedule O how this was done		12c	v	Х			
13	Did the organization have a written whistleblower policy?		13	X	-			
14	Did the organization have a written document retention and destruction policy?		14	Managerin V				
	Did the process for determining compensation of the following persons include a review and approve persons, comparability data, and contemporaneous substantiation of the deliberation and deciberation and decibe	CISIOIT!			X			
а	The organization's CEO, Executive Director, or top management official		15a 15b		X			
	Other officers or key employees of the organization		130	11)	<u> </u>			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar taxable entity during the year?		16a		X			
b	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?							
Sec	tion C. Disclosure				-			
17	List the states with which a copy of this Form 990 is required to be filed WA							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable available for public inspection. Indicate how you made these available. Check all that apply.)1(c)(3	s)s on	iy)			
	I Own website	er (explain on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest p the public during the tax year. SEE SCHEDULE O		able to					
20	State the name, address, and telephone number of the person who possesses the organizat	on's books and records.						
7	CASEY HUSSEMAN BRANDT 2011 1ST AVE N. SEATTLE WA 98109-250	14 (206) 325-0489	F	. 000	(2024)			
RΔΔ	TEEA0106L 09/05/24		rorn	330	(2024)			

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average	(do box,	(do not check box, unless p officer and a			than one	e an e)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation from
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	the organization and related organizations
(1) LAUREL SEXTON BOARD MEMBER	5	Х		- 3				110	0.	0
(2) MEGHAN WALKER PRESIDENT	5 0	X		x			1	IAIL	0.	0
(3) KENDALL HANSON SEXTON BOARD MEMBER	5 - 0	N			1	1	,	0.	0.	0.
BOARD MEMBER	10	Χ						0.	0.	0.
(5) TOM BIRO SECRETARY	<u>- </u>	Х		х				0.	0.	0
	50	Х		8				0.	0.	0
(7) KATY ROBERTS VICE PRESIDENT	<u>-5</u> -	х		х				0.	0.	0
(8) ERIKA CAMPBELL BOARD MEMBER	<u>5</u>	Х						0.	0.	0
(9) LOUISE KATO TREASURER	<u>5</u>	Х		х				0.	0.	0
(10)										
(11)				8						1 (
(12)									77	
(13)										5
(14)									10	

(A) Name and title	(B) Average hours	(do not obox, unle	Pos check ess pe	c) ition more t rson is irector	han one both an /trustee)	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from
	(list any hours for related organiza- tions below dotted line)	Institutional trustee Individual trustee or director	Officer	(ey employee	Former Highest compensated employee	MISC/1099-NEC)	MISC/1099-NEC)	the organization and related organizations
(15)								-37 (
(16)		7, 1						100
17)								
18)			10000					100
19)							100	
20)			1					The second second
21)								
22)		- 7 - 7. ks						
23)						-11		
24)				1	N	MAIL		
25)		1		1		1		
1b Subtotal	n 0	14		Ш		0.	0.	
c Total from continuation sheets to Par						0.	0.	0
d Total (add lines 1b and 1c)	not limited to those li	sted ab	ove)	who r	eceived			
3 Did the organization list any former off on line 1a? If "Yes,"complete Schedule 4 For any individual listed on line 1a, is the organization and related organization.	the sum of reportable	e como	ensa	tion	and oth	er compensation t	from	Yes No
such individual	or accrue compens	ation f	rom	anv i	ınrelate	d organization or	individual	
for services rendered to the organization Section B. Independent Contractor	on? <i>If "Yes," comple</i> 'S	te Sch	eauie	J TO	r sucn p	person		. 3 7
Complete this table for your five higher compensation from the organization. Representation.	st compansated inde	pender he cale	nt co ndar	ntrac year (tors that ending w	ith or within the or	garrization's tax year	
Name and bus	A) siness address	7				(B) Description o	of services	(C) Compensation
		1		464		'		
2 Total number of independent contractors \$100,000 of compensation from the or	(including but not limit	ted to th	ose l	isted	above) v	who received more	than	
BAA		EEA0108	L 09/	05/24	a d		335-1615	Form 990 (202

UCL	SVL	Check if Schedule O contains	a resp	onse or note to any	y line in this Part V	ПL		П
			ı		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
N E	1a	Federated campaigns	1a	ti 				
Gifts, Grants,	b	Membership dues	1b					
Ö	c	Fundraising events	1c	7				
€ 1	d	Related organizations	1d					
Contributions, Gifts, Grants, and Other Similar Amounts	е	Government grants (contributions)	1e	b 1				
	f	All other contributions, gifts, grants, and						
34		similar amounts not included above	1f	144,216.				
Ę	g	Noncash contributions included in lines 1a-1f	1g					
0 8	h	Total. Add lines 1a-1f			144,216.			
				Business Code	A CARROLD AND			STATE OF THE STATE
Program Service Revenue	2a	MEMBERSHIP_DUES			106,272.	106,272.		
æ	b				4,824.	4,824.	107	
8	С				4,195.			
5	d	EDUCATION PROGRAMS		W. C. P. L. W. C. P.	3,300.	3,300.	Later the second	
Ë	е				1,444.	1,444.		And the state of t
ga	f	All other program service revenu	ле	11 12 2	2/			14
æ		Total. Add lines 2a-2f			120,035.		4年表示符号 4100	department out
	3	Investment income (including divid	ends, i	nterest, and				
		other similar amounts)		The versions were were supported to	3,708.	3,708.		
	4	Income from investment of tax-e				ii ii		The same of the sa
	5	Royalties			in the second	Taran .	Annual Control of the	
		(i) F	Real	(ii) Personal		411		
	-	Gross rents 6a				V DIA		
	1	Less: rental expenses 6b			-1	MIL		
	50000	Rental income or (loss) 6c			Δ		10000000000000000000000000000000000000	
	d	Net rental income or (loss)			NAIL		(2.50)	
	7a	Gross amount from (i) Sec	ner her		* * * * * * * * * * * * * * * * * * *			
		sales of assets other than inventory			2. 1			
	b	Less: cost or other basis				7 7 7		
		and sales expenses 7b						
	100	Gain or (loss)		1		WASSING A SERVICE AND ASSIST		
, di	-	Net gain or (loss)						BORES CALL TO THE
9	8a	Gross income from fundraising events						21 12
/enue		(not including \$ of contributions reported on line 1c).	-					
			8					
F.		See Part IV, line 18	81		Ye.			
Other Re		Less: direct expenses Net income or (loss) from fundra						
0			ising 6	701113				
	9a	Gross income from gaming activities. See Part IV, line 19	9					
	L	Less: direct expenses	91					
9	111 1000	Net income or (loss) from gamin	-				Charles Control of the Control of th	
10			y activ					
	10a	Gross sales of inventory, less returns and allowances	10					
		Less: cost of goods sold	10					
		Net income or (loss) from sales					0.11	
S	-		T	Business Code		Best Collins	E Anna Phys.	
8	11a							
물물	b					1 0 pa		
scellaneo Revenue	С			333	2		1 2 15 200	
Miscellaneous Revenue	d	All other revenue	other revenue					
Σ	е	Total. Add lines 11a-11d	ـ			* (*)	Control of the second	SECTION OF SECTION SEC
	_	Total revenue. See instructions.			267,959.	123,743.	0.	0.

Form 990 (2024)

Part					
Secti	on 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a r	esponse or note to any	line in this Part IX		
Do n	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	20,075.	20,075.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			10000000000000000000000000000000000000	
5	Compensation of current officers, directors, trustees, and key employees		0	0	0
	Compensation not included above to	0.	0.	0.	0.
6	disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	A			
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
	Management				
	Legal				
	Accounting	1,761.	5 × 1 × 1	1,761.	. set's cristical face.
	Lobbying			Mark and the constitution of the constitution	The State of
е	Professional fundraising services. See Part IV, line 17				
	Investment management fees				The second secon
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)		7 141		
12	Advertising and promotion	6.8 5.	16,875.		1997
13	Office expenses	202	2,242.	560.	
14	Information technology	20,872.	16,697.	4,175.	A THE RESERVE
15	Royalties	,			
16	Occupancy	11,478.	9,182.	2,296.	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings		¥ .	N	
20	Interest		3		
21	Payments to affiliates			Y Y	and the second
22	Depreciation, depletion, and amortization				3.
23		3,210.	2,568.	642.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e				
	expenses on Schedule O.)	214,912.	171,930.	42,982.	
	REIMBURSED PAYROLL		16,226.	42, 302.	
	MEMBER OUTREACH & EDUCATION _	16,226.		1,103.	
		5,517.	4,414 . 3,865.	966.	300
	BANK & CREDIT CARD FEES	4,831. 7,404.	6,645.	759.	
	e All other expenses	325, 963.	270,719.	55,244.	0.
_25	Total functional expenses. Add lines 1 through 24e	323, 303.	210,113.	55,233.	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following				

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	1	Check if Schedule O contains a response or note to any line in this Part X			П
			(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing.	36,725.	1	22,789.
	2	Savings and temporary cash investments	172,020.	2	112,233.
	3	Pledges and grants receivable, net		3	112/200.
	4	Accounts receivable, net	-	4	2,317.
Assets	5	Loans and other receivables from 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		5	2,517.
	6	Loans and other receivables from other disqualified persons (as defined under	The state of the s	医医验验	The second second
		section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	88,033.	8	104,643.
	9	Prepaid expenses and deferred charges	00,000.	9	201/0101
Ř	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation		10c	
	11	Investments – publicly traded securities.	F 100 - 10	11	50 X 7 0.
	12	Investments – other securities. See Part IV, line 11	44. 400	12	2, 20
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets	The same of the same of	14	
	15	Other assets. See Part IV, line 11	A Charles	15	Commence of the State of State
	16	Total assets. Add lines 1 through 15 (must equal line 33)	296,778.	16	241,982.
7	17	Accounts payable and accrued expenses	1,558.	17	4,766.
	18	Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Species		18	
	19	Deferred revenue	711	19	
	20	Tax-exempt bond liabilities		20	The second second
ě.	21	Escrow or custodial account liability. Complete Part IV of Screen le	The state of the s	21	
Liabilities	22	Loans and other payables to any current or former of each ectr, trustee, key employee, creator or founder, substantial controlled entity or family member of according of nest persons		22	
_	23	Secured mortgages and notes payable to unreased third parties		23	and the same of the same of
	24	Unsecured notes and loans payable to anrelated third parties	into a second	24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	Part of Target San
	26	Total liabilities. Add lines 17 through 25	1,558.	26	4,766.
alances		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	April		
Ě	27	Net assets without donor restrictions	295,220.	27	227 216
39	28	Net assets with donor restrictions	293,220.	28	237,216.
2	20	Organizations that do not follow FASB ASC 958, check here		20	
Net Assets or Fund B		and complete lines 29 through 33.			
8	29	Capital stock or trust principal, or current funds		29	
2	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Asi	31	Retained earnings, endowment, accumulated income, or other funds		31	
et	32	Total net assets or fund balances	295,220.	32	237,216.
_	33	Total liabilities and net assets/fund balances.	296,778.	33	241,982.
BA	A	TEEA0111L 09/05/24			Form 990 (2024)

Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,

column (B))

10

BAA

or audits, explain why on Schedule O and

0.

237,216.

3b

Form 990 (2024)

Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII..... Yes No Other 1 Accounting method used to prepare the Form 990: X Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. X 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. Consolidated basis Separate basis Both consolidated and separate basis X b Were the organization's financial statements audited by an independent accountant?..... 2b 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. Consolidated basis Separate basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overeview, or compilation of its financial statements and selection of an independent accordance. ht of the audit, 2c If the organization changed either its oversight process or selection process explain on Schedule O. 3a As a result of a federal award, was the organization required to audit or audits as set forth in the Uniform X Guidance, 2 C.F.R. Part 200, Subpart F?..... 3a b If "Yes," did the organization undergo the requ the organization did not undergo the required audit

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steps taken to undergo such audits

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public Inspection

Employer identification number

PMA	A EDUCATION FUND					68-0621888	3	
Par	t Reason for Public Cha						tions.	
The o	organization is not a private found	ation because it is: (For lines 1 through 12,	check o	nly one	box.)	transport de la company	
1	A church, convention of church	es, or association of ch	nurches described in sec	tion 170(b)(1)(A)(i).		
2	A school described in section	170(b)(1)(A)(ii). (Att	ach Schedule E (Form	990).)				
3	A hospital or a cooperative h	ospital service organ	ization described in sec	ction 170	(b)(1)(A	Xiii).		
4	A medical research organiza name, city, and state:	tion operated in conju	unction with a hospital	describe	d in sect	tion 170(b)(1)(A)(iii). Er	iter the hospital's	
5	An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a collemplete Part II.)	ege or university owned	or opera	ated by a	governmental unit de	scribed in	
6	A federal, state, or local government	ernment or governme	ental unit described in s	ection 1	70(b)(1)	(A)(v).		
7	An organization that normally r in section 170(b)(1)(A)(vi).	eceives a substantial p Complete Part II.)	part of its support from a	governme	ental unit	or from the general pub	lic described	
8	A community trust described	in section 170(b)(1)(A)(vi). (Complete Part	II.)				
9	An agricultural research organi or university or a non-land-granuniversity:							
10	X An organization that normall from activities related to its investment income and unre June 30, 1975. See section!	exempt functions, sub lated business taxable	oject to certain exception le income (less section	ins: and	(2) no m	nore than 33-1/3% of its	s support from gross	
11	An organization organized a	nd operated exclusive	ely to test for public saf	ety. See	section	509(a)(4).		
12	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 10 to 10.1 Lee section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization at section 5.12e. 12f. and 12d.							
a	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 10 a) 1). Lee section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization also be not be not a line of 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its support a long organization organization. You must organization (s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.							
b	Type II. A supporting organize management of the supporting must complete Part IV, Section	ration supervise or organization vis d in initions A and C.	entro (eo-in connection he same persons that co	with its ontrol or	supporte manage	ed organization(s), by he the supported organization	naving control or on(s). You	
С	Type III functionally integrat organization(s) (see instruction	ed. A supporting organisms). You must com	anization operated in coplete Part IV, Sections	onnection	n with, a	nd functionally integrat	ed with, its supported	
d	Type III non-functionally inte functionally integrated. The cinstructions). You must com	egrated. A supporting organization generally older Part IV, Section	organization operated must satisfy a distribute of A and D, and Part V.	in connection requ	ection wi uirement	th its supported organi and an attentiveness i	zation(s) that is not requirement (see	
е	Check this box if the organizintegrated, or Type III non-fu	ation received a writt nctionally integrated	en determination from supporting organization	the IRS 1	that it is	a Type I, Type II, Type		
f		•						
g	Provide the following information							
((f) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat in your g docur	ion listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
(A)				10	X		S 81 1 2 2 2	
(B)								
(C)	ē -			1				
(D)	P						4	
(E)		1				15		
Total	7				1 2 4			

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge	- 4K2					
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	en august en general de la companya					
6	Public support. Subtract line 5 from line 4				The state of the s	aterial in the constitution	
Sec	tion B. Total Support	, and			N. Pares		
Cale begi	ndar year (or fiscal year nning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7	Amounts from line 4			1			The Art of
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			N TC	AIL		
9	Net income from unrelated business activities, whether or not the business is regularly carried on		ON	31.			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	V					
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc. (see ir	nstructions)				12.00
13	First 5 years. If the Form 990 is organization, check this box and	for the organizat stop here	ion's first, second	I, third, fourth, or f	ifth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pul	olic Support I	Percentage			1 44 1	0/
14	Public support percentage for 20	24 (line 6, colum	nn (t), divided by	line 11, column (f))		<u>%</u>
	Public support percentage from 2						
	33-1/3% support test-2024. If the and stop here. The organization	qualifies as a pu	iblicly supported	organization			🔟
	33-1/3% support test—2023. If the and stop here. The organization	qualifies as a pu	ublicly supported	organization			📙
	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts-	meets the facts-and-circumstand	es test. The orga	inization qualifies	as a publicly supp	orted organization	i
	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	neets the facts- -circumstances	and-circumstance test. The organiza	ation qualifies as a	publicly supporte	ed organization	VI 110W tile
18	Private foundation. If the organiz	ation did not ch	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th		
RΔΔ			TEEA04021	08/30/24		Schedule	A (Form 990) 2024

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sect	ion A. Public Support			Section 2	7		
Calend	lar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	125,612.	194,123.	182,790.	210 210	Page 1	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.	125, 012.	194,123.	162,790.	210,318.	144,216	
3	Gross receipts from activities that are not an unrelated trade or business under section 513.		1 1 1				0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.	4 W					0.
	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	125,612.	194,123.	182,790.	210,318.	144,216	857,059.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.	0.	0.	0.	0.		0.
_		0.	0.	0.	0.	0	
	Add lines 7a and 7b	0.	0.	0.	0.	C	0.
8	Public support. (Subtract line 7c from line 6.)			- 11	ZIL		857,059.
	tion B. Total Support			1			
	dar year (or fiscal year beginning in)	(a) 2020	(b) 202	(d 2022	(d) 2023	(e) 2024	(f) Total
	Amounts from line 6	125,612	3 194 3 3.	182,790.	210,318.	144,216	
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
11	Add lines 10a and 10b	0.	0.	0.	0.	0	0.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).			A A			0.
	Total support. (Add lines 9, 10c, 11, and 12.)	125,612.	194,123.	182,790.	210,318.	144,216	857.059
Bass	First 5 years. If the Form 990 is to organization, check this box and	stop here		third, fourth, or fit	fth tax year as a s	ection 501(c)(3)
	tion C. Computation of Pul				X A A A	Tarthe ay h	
	Public support percentage for 20						5 100.00 %
	Public support percentage from 2					10	
	tion D. Computation of Inve					707,7	Harris and State St. Ye
17	Investment income percentage for	or 2024 (line 10c,	column (f), divide	d by line 13, colu	ımn (f))		7 0.00 %
18	Investment income percentage fr						+ 0.00
	33-1/3% support tests-2024. If t is not more than 33-1/3%, check	he organization d this box and sto	id not check the b	ox on line 14, an zation qualifies a	d line 15 is more	than 33-1/3%, orted organiza	and line 17
	33-1/3% support tests—2023. If the line 18 is not more than 33-1/3% Private foundation. If the organize	, check this box a	and stop here. The	organization qui	alifies as a publicl	y supported o	rganization

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section	Δ ΔΙ	Supporting	Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		1777
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a	-102	a reches
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If Ye, "answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names of (E.V.) where so the supported organizations added, substituted, or removed; (ii) the reasons for each 1.5h and (ii) the authority under the organization's organizing document authorizing such action 2.4 (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
	Type I or Type II only. Was any added or substitute supply of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	(V) Sandari	100 TAX 000 T
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		Surpose State
c	: Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	31,103	

Pai	Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
	b A family member of a person described on line 11a above?	11b		
1	C A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c	#hylings	
	ction B. Type I Supporting Organizations	1.10		B IA
-	aton Bi Type I cupper and a same and	1	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			11
	그렇다 가지다 그 그 나는 아이들이 얼마를 하는데 하는데 그리고 말했다.	B 5 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			Posts s design
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification and the organization's governing documents in effect on the date of notification, to the last the interpretable provided?	1	Yes	No
2	Were any of the organization's officers, directors, or trustees eit er () ap ointed or elected by the supported organization(s), or (ii) serving on the governing body of a sup of ed. (gamzation? If "No," explain in Part VI how the organization maintained a close and continuous works of almost hip with the supported organization(s).	2		
3	By reason of the relationship described on lin 2, be said the organization's supported organizations have a significant voice in the organization's investment police and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
t	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2	Activities Test. Answer lines 2a and 2b below.	[Yes	No
ā	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
ł	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations, Answer lines 3a and 3b below.			
ā	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a	Parket and the	BOARD STATE
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Par		100000		10
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on No ns mus	ov. 20, 1970 (explain in st complete Sections A	Part VI). See through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3	A CAP APPLICATION	
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7	21	7 ×
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	V	F 1
ec	tion B — Minimum Asset Amount	1	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		L WANT AND A PARTY	
а	Average monthly value of securities	1a		the state of the
b	Average monthly cash balances	1b	10 10 10 10 10 10 10 10 10 10 10 10 10 1	
c	Fair market value of other non-exempt-use assets	1c		
c	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	A		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	P		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		1
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	(李) 在10世纪 — 李)	
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5		h 10 5 N.
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		n 17
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated		10
BA	The second secon		Sche	dule A (Form 990) 2

Sec	tion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	poses		1	
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	f supported organization	ıs,	2	300
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations	E y	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - provide	details in Part VI)		5	All the second
6	Other distributions (describe in Part VI). See instructions.			6	
31/11	Total annual distributions. Add lines 1 through 6.	A Line		7	
8	Charles Self-were and the control of	on is responsive (provide	details	8	
9	Distributable amount for 2024 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	· · · · · · · · · · · · · · · · · · ·
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributi Pre-2024	ons	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		- The Maria State of		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required — explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2024				
а	From 2019			4 1	
	From 2020				
	From 2021			Section 1	
	From 2022				
	From 2023				
	Total of lines 3a through 3e		41		<u> Personalan da maranta da maranta</u>
YEAV	Applied to underdistributions of prior years			1	
_	Applied to 2024 distributable amount				
	Carryover from 2019 not applied (see instructions)	11 141.			
_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
10 11	Distributions for 2024 from Section D, line 7:	⁴ M TC			
	Applied to underdistributions of prior years	A CANAL STATE OF THE STATE OF T	No. Company	A STATE OF THE PARTY OF THE PAR	
	Applied to 2024 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.				ies, monentalnik
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2025. Add lines 3j and 4c.	The second second second second			
	Breakdown of line 7:				
а	Excess from 2020				
	Excess from 2021		Survey Market		
c	Excess from 2022				
d	Excess from 2023				
•	Excess from 2024				

BAA

Schedule A (Form 990) 2024

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

DO NOT MAIL

SCHEDULE I Form 990)	ີ ຜັ	Grants and Ot overnments. a	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	to Organization in the United St	ns, ates		OMB No. 1545-0047
Rev. December 2024)	Com	plete if the organizat	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	Form 990, Part IV, line	21 or 22.	III	
epartment of the Treasury nternal Revenue Service	J	Go to www.irs.gov/Fo	Attach to Form 350. Ww.irs.gov/Form990 for instructions and the latest information.	and the latest informa	tion.		Open to Public Inspection
						Employer identification number	cation number
PMA EDUCATION FUND						68-0621888	38
Part I General Information on Grants and Assistance	n on Grants and Assi	stance					
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?	records to substantiate the and to award the grants or as	amount of the grants or ssistance?	r assistance, the grantee	s' eligibility for the grants	or assistance,		X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ation's procedures for monito	oring the use of grant fu	unds in the United States		SEE	PART IV)]
Partil Grants and Other Assistance to Domestic Organizations and Domestic Governments. Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Ye 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	ic Organizations ent that received	and Domestic Gov more than \$5,000.	ernments. Part II can I	Complete if the organization answered "Yes" on be duplicated if additional space is needed.	ion answered "\ space is neede	res" on d.
1 (a) Name and address of organization or government	ition (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PEOPLES MEMORIAL FUNERAL COOP						5.1 2.1 2.2 2.3 3.3	TO HELP WITH
SEATTLE, WA 98109		47	20,075.	0.	20		SERVICES
(2)	1 [g on	
(3)							
		6	1	コイン			
(4)		C	DN OU				400
G		3					
					The state of the s		
· · · · · · · · · · · · · · · · · · ·							
$\overline{\omega}$							N. I
(8)	!!!		131				
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	1 501(c)(3) and governmen programizations listed in the li	t organizations listed	in the line 1 table				0
-	ct Notice, see the Instructi	ons for Form 990.		TEEA3901L 11/13/24	11/13/24	Schedule I (Form	Schedule I (Form 990) (Rev. 12-2024)

Page 2

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. Schedule I (Form 990) (Rev. 12-2024)

		The state of the s	The second secon		
(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
2					
3					
4					
5					
9					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	de the information	required in Part I,	line 2; Part III, col	umn (b); and any other	additional information.

PARTI, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S. ALL THE ORGANIZATION PROPERLY SUBSTANTIATES AND MONITORS THE CEFOF MANT FUNDS.

SCHEDULE O (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service Name of the organization

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 Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

PMA EDUCATION FUND

Employer identification number

68-0621888

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

PMA EDUCATION FUND WORKS TO BE THE TRUSTED RESOURSE AND THOUGHT-LEADER FOR FUNERAL CHOICE, EDUCATION AND ADVOCACY IN WASHINGTON STATE. WE ENVISION A FUTURE WHERE EVERYONE HAS ACCESS TO AFTER-DEATH ARRANGEMENTS THAT REFLECT THEIR PERSONAL VALUES AND RESOURCES.

FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER
PMA EDUCATION FUND IS ORGANIZED WITH MEMBERS.

FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY

ALL MEMBERS ARE ENCOURAGED TO ATTEND THE ANNUAL MEETING, ELECT THE BOARD OF

DIRECTORS AND PARTICIPATE IN THE DEMOCRATIC PROCESS OF THE ORGANIZATION.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

FORM 990 IS REVIEWED BY MEMBERS OF THE BOARD

FORM 990, PART VI. LINE 19 - OTHER ORGANIZATION CUMENTS PUBLICLY AVAILABLE

FORM 990 WILL BE HOSTED PUBLICATION OUR WEBSITE. NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC.

2024 FEDERAL EXEMPT ORGANIZA	ATION TAX	SUMMARY	PAGE 1
PMA EDUCATION	FUND		68-0621888
	2024	2023	DIFF
REVENUE CONTRIBUTIONS AND GRANTSPROGRAM SERVICE REVENUE. INVESTMENT INCOME.	144,216 120,035 3,708	210,318 85,159 4,434	-66,102 34,876 -726
TOTAL REVENUE	267,959	299,911	-31,952
EXPENSES GRANTS AND SIMILAR AMOUNTS PAID OTHER EXPENSES	20,075 305,888	0 281,243	20,075 24,645
TOTAL EXPENSES	325,963	281,243	44,720
NET ASSETS OR FUND BALANCES REVENUE LESS EXPENSES. TOTAL ASSETS AT END OF YEAR. TOTAL LIABILITIES AT END OF YEAR. NET ASSETS/FUND BALANCES AT END OF YEAR.	-58,004 241,982 4,766 237,216	18,668 296,778 1,558 295,220	-76,672 -54,796 3,208 -58,004

DO NOT MAIL

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2024, or fiscal year beginning	, 2024, and ending	

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information. 2024

OMB No. 1545-0047

PMA EDUCATION FU		68-0621888
Name and title of officer or person subject to ta		
CASEY HUSSEMAN BRANDT	EXECUTIVE DIRECTOR	
Part I Type of Return a	nd Return Information	
Check the box for the return for which and Form 5330 filers may enter do 6a, 7a, 8a, 9a, or 10a below, and the	n you are using this Form 8879-TE and enter the app Illars and cents. For all other forms, enter whole be amount on that line for the return being filed was applicable, blank (do not enter -0-). But, if you	licable amount, if any, from the return. Form 8038-CP dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, vith this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, entered -0- on the return, then enter -0- on the applicable
1a Form 990 check here	SALES TO THE PROPERTY OF THE P	column (A), line 12) 1b 267, 959
2a Form 990-EZ check here	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2)2b
3a Form 1120-POL check here		3b
4a Form 990-PF check here		90-PF, Part V, line 5)
5a Form 8868 check here		5b
		6b
6a Form 990-T check here		
7a Form 4720 check here		
8a Form 5227 check here		27, Item D)
9a Form 5330 check here		9b
10a Form 8038-CP check here.	b Amount of credit payment requested (For	m 8038-CP, Part III, line 22) 10b
Part II Declaration and Sig	nature Authorization of Officer or Pers	on Subject to Tax
Decidiation and org		
Under penalties of perjury, I declare t		I am a person subject to tax with respect to LEIN) checkes in so the less, and, to the best of my knowledge are attached the amount shown on the copy of the reaction of the transmission, (b) the reason for any delay in e U.S. Treasury and its designated Financial Agent to the indicated in the tax preparation software for payment.
Under penalties of perjury, I declare to (name of entity) and that I have examined a copy of and belief, they are true, correct, a electronic return. I consent to allow IRS and to receive from the IRS (a processing the return or refund, and (initiate an electronic funds withdrawal of the federal taxes owed on this recurs. Treasury Financial Agent at 1-financial institutions involved in the inquiries and resolve issues related return and, if applicable, the conse	f the 2024 electronic return and accompanying sind complete. I further declare that the amount in my intermediate service provider, transcriper, an acknowledgement of receipt or reason for recipt of the date of any refund. If applicate I at normal to (direct debit) entry to the financial is as accounterm, and the financial is stitution to debit the enables 353-453 and a retian 2 business days price processing out the electronic payment of taxes to to the payment. I have selected a personal identity to electronic funds withdrawal.	checkes has the standard to the best of my knowledge the formal attentions the amount shown on the copy of the report attentions the amount shown on the copy of the reach the return originator (ERO) to send the return to the jestion of the transmission, (b) the reason for any delay in e U.S. Treasury and its designated Financial Agent to the indicated in the tax preparation software for payment the try to this account. To revoke a payment, I must contact the receive confidential information necessary to answer attriction number (PIN) as my signature for the electronic
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GOETZ, BAILEY & YALE, PS 159 SOUTH WORTHEN ST STE 100 **WENATCHEE, WA 98801** 509-662-9691

March 29, 2025

PMA EDUCATION FUND 2011 1ST AVE N. SEATTLE, WA 98109-2504

Dear Directors:

Enclosed for your review:

Form 990

2024 Return of Organization Exempt from Income Tax

Each tax return or form listed above should be filed in accordance with the enclosed filing instructions.

Geoff Bailey, CPADO NOT MAIL