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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

2008 Open to Public

Δ	For the 200	Na calendar w	ear, or tax year beginning $7/01/08$, and ending $6/30/09$		
<u>-</u>	Check if applica		c Name of organization Pennsylvania State System of Highe	r D Em	ployer identification number
ň	, ,	IIISO IRS	Education Foundation, Inc.	_	ployer identification number
님	Address chang	label or		᠆ᡰ ᇧ៹	2606240
	Name change	print or	Doing Business As		2-2686249
	Initial return	type	Number and street (or P O box if mail is not delivered to street address) Room/suite		ephone number
\exists		See Specific	2986 N. Second Street	71	7-720-4056
\vdash	Termination	Instruc-	City or town, state or country, and ZIP + 4	G Gross r	ecerpts \$ 1,191,306
\sqcup	Amended retur	n tions	Harrisburg PA 17110		
\Box	Application per	nding F Name	e and address of principal officer	H(a) is t	his a group return for
_	, ,pp.,,ca.,,c.,, pc.		thony Ianiero		lates? Yes X No
		29	86 N. Second Street	H(b) Are	all affiliates Yes No
		l Ha	rrisburg PA 17110		No," attach a list (see instructions)
$\overline{}$	Tax-exempt	17.7			-,,
J			thePAfoundation.org	H(c) Gro	oup exemption number
_	Type of organi			1005	M State of legal domicile PA
	Part I	Summa			III Guid di logal dollilolo 222
<u> </u>			ne organization's mission or most significant activities		
	1	-	ct the educational mission and activities of the Penns	vlvania	State
69		~ -	f Higher Education by generating private sector support	•	Scace
Jan	1	_	T = T = T	L and	
Activities & Governance	1		in other activities to advance the System.		
စ်	1		if the organization disconti nued its operations or disposed of m ore than 25% of its assortions.	i i	1 10
ඡ	1		members of the governing body (Part VI, Tine 1a), TV TV	3	12
hes	1		endent voting members of the governing body (Part VI, line 1b)	4	12
ΞŽ	5 Tota	I number of e	employees (Part V, line 2a) S FEB 1 0 2010	5	2
Aci	1		volunteers (estimate if necessary)	6	
			ated business revenue from Part VIII, line 12 column (C)		
	b Net	unrelated bus	siness taxable income from Form \$90-T line 34 1, 1 1 1 1	7t	
			 	r Year	Current Year
Φ	8 Con			257,819	
Revenue	9 Prog	=	revenue (Part VIII, line 2g)	53,043	
ě	10 Inve	stment incon	ne (Part VIII, column (A), lines 3, 4, and 7d)	163,93	
U.	11 Othe	er revenue (P	art VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	44,576	
	12 Tota	al revenue—a		519,375	
	13 Grai	nts and simila	ar amounts paid (Part IX, column (A), lines 1-3)	271,407	237,696
	14 Ben	efits paid to c	r for members (Part IX, column (A), line 4)		
S	15 Sala	ries, other co	ompensation, employee benefits (Part IX, column (A), lines 5–10)	80,215	127,767
enses	16a Prof	essional fund	raising fees (Part IX, column (A), line 11e)		
ē.	b Tota	l fundraising	expenses (Part IX, column (D), line 25) 77,443		
ĒXĐ	17 Othe	er expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	167,046	237,157
	18 Tota	l expenses /	Add lines 13-17 (must equal Part IX, column (A), line 25)	518,668	602,620
	19 Rev	· ·	penses Subtract line 18 from line 12	707	7 113,301
5	3			ng of Year	End of Year
sets	20 Tota	ıl assets (Par	t X, line 16)	149,754	2,563,055
t As	21 Tota	il liabilities (P	art X, line 26)		
Net Assets or	22 Net	assets or fun	d balances Subtract line 21 from line 20	149,754	2,563,055
	art II	Signatu	re Block	_	
			ies of perjury, I declare that I have examined this return, including accompanying schedules and statements,		
		and belief, it	s true, correct, and complete Declaration of preparer (other than officer) is based on all information of which	preparer has a	any knowledge
Sig	gn	A LE	whoy worken	2	1/3/10
He	re	Signatu	re of officer	D	te /
		A	WHON M. IANIERO PRESIDENT & CEO		
		Type or	print name and title		
		Dranasada	Date Ch	eck if	Preparer's identifying number
Pa	id	Preparer's signature	Howard & Sheen and St CPA 2-1-10 sel	f- ployed ▶ [(see instructions) P00033890
Pr	eparer's		Greenawalt & Company, P.C.	 	► 23-2405297
Us	e Only	Firm's name	do Control Maria Change	EIN	
	-	if self-employ address, and		Phon	e ▶ 717-766-4763
N.4-	utho IDC =			l no l	
			turn with the preparer shown above? (see instructions)		Yes No Form 990 (2008)
DAA	. FULFIIV	acy Act and	Paperwork Reduction Act Notice, see the separate instructions.		7/7
					22

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$

) (Revenue \$

4e Total program service expenses > \$

433, 746 (Must equal Part IX, Line 25, column (B))

			r —	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	١,	\ _V	
^	complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		Х
	candidates for public office? If "Yes," complete Schedule C, Part I	13	 	<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	4		X
_	Schedule C, Part II	-	-	^
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to	۲		
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete]
	Schedule D, Part I	6		Х
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	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
·	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
_	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		Х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
	Parts VI, VII, VIII, IX, or X as applicable	11		Х
12	Did the organization receive an audited financial statement for the year for which it is completing this return. (Audit is on the cash			
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII basis, not GAAP)	12	X	
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,		•	
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	1,,
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	v	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete	22		Х
24-	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		$\vdash $
24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b–24d and complete Schedule K. If "No," go to question 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
c	Did the organization most any process of tax exampt solids beyond a temporary period exception. Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
·	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
-	person from a prior year? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X
		Form	990	/20091

Part IV Checklist of Required Schedules (continued)

			res	NO
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b	Х	
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve 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		X
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		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		_ X
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? If "Yes," complete Schedule R, Part			
	VI	37		X

Form **990** (2008)

Pa	int V Statements Regarding Other IRS Filings and Tax Compliance				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				
	U.S Information Returns Enter -0- if not applicable	1a 8 1b 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	L:			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report	паріе		v	
0-	gaming (gambling) winnings to prize winners? When applicable	1 1	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 2		37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	•	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see				
2-	Instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered this return?	у	3.		Х
h	this return? If "Yes," has it filed a Form 000. T for this year? If "No." provide an evaluation in Schodule O		3a 3b	-	
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	horsty	30		
44	At any time during the calendar year, did the organization have an interest in, or a signature or other aut over, a financial account in a foreign country (such as a bank account, securities account, or other finan	•			
	account)?	Ciai	4a		Х
b	If "Yes," enter the name of the foreign country		40		
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Ba	nk			
	and Financial Accounts	TIK.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	n?	5b		X
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	•	02		
	Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or			
	gifts were not tax deductible?		6ь		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more that	an			
	\$75?		7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Χ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?		7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal control of the organization.	onal			
	benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		<u>X</u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C at	S			
	required?		7h		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sect				
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsor	oring			
	organization, have excess business holdings at any time during the year?		8		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.]]		
а	Did the organization make any taxable distributions under section 4966?		9a		<u>X</u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9Ь		X
10	Section 501(c)(7) organizations. Enter	Land			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter	144-1			
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	445			
40-	amounts due or received from them)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	12b	12a		
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<u> </u>	Li	990	(2009)
			rom	330	(2000)

DAA

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

For each "Yes" response to lines 2-7b below, and for a "No" response to base 8 or 95 below, describe the committaness, processes, or changes in Schedule O. See instructions 1a. Enter the number of voting members of the governing body b. Enter the number of voting members that are independent 1b. 1a. 1a. 1a. 1c. 1b. 1a. 1a. 1c. 1b. 1a. 1a. 1c.	Sec	tion A. Governing Body and Management		·			
screening control of the committee of the governing body is a service of the committee of the governing body is a service of the committee of the governing body is a service of the committee of the governing body is a service of the committee of the governing body is a service of the committee of the governing body is a service of the committee					r	Yes	No
to the number of voting members of the governing body Define the number of voting members that are independent Defined the number of voting members that are independent Defined any officiar, discrior, fusible, or key employees Of the organization deligate control over management duties customarily portormed by or under the direct Supervision of officers, directors, directors or trustees, or key employees to a management duties customarily portormed by or under the direct Defined programation make any spanificiant changes to as organizational convents since the prior form \$50 was lited? Defined programation make any spanificiant changes to as organizational convents on the prior form \$50 was lited? Designation have members a stackholder to a organization and sense the prior form \$50 was lited? Designation have members as stackholders, or other persons. Designation have members as stackholders, or other persons. Designation have members as stackholders, or other persons? The prior of the government body? Designation that the government body subject to approved by members, stockholders, or other persons? The prior of the government body subject to approved by members, stockholders, or other persons? The prior of the government body? Designation of the government body subject to approved by members, stockholders, or other persons? The prior of the government body? Designation of body of the form \$50 provided to the organization have exceeding the prior of the government body by before I was filled? All organization have the organization have written policies and procedures governing the activities of such chapters, affiliates? Designation of the process, if any, the organization have a written activity to the organization have a written policies and procedures governing the activities of the organization and the organization in prior the prior organization in prior trustee, or sey employ		·					
b Enter the number of voting members that are independent. 2		-	. 1	3.0			
2 Dearny officer, director, frusteer, or keye remployee have a family relationship or a business relationship with any other officer, director, fusicles, or key employee? 3 Del the organization delegate control over management duties customanly performed by or under the direct updated to the organization of officers, directors or fusicless, or key employees to a management company or other person? 4 List and the organization nake any spificant changes to its organizational documents sente the prior Form 950 was filed? 4 List and the organization have members or stockholders? 5 Does the organization have members or stockholders? 6 Does the organization have members or stockholders? 7 Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 5 A vany decisions of the governing body subject to approval by members, stockholders, or other persons? 6 Does the organization have members, stockholders, or other persons? 7 Description of the governing body? 8 Does the organization have income the meetings held or written actions undertaken during the year by the following. 8 The governing body? 8 Does the organization have local chapters, branches, or affiliates? 9 Does the organization have local chapters, branches, or affiliates? 9 Does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations air consistent with those of the organization of such as a person of the form 950 or t	_	}					
any other officer, director, fusites, or key employee? 3. Od the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors or fusiteses, or key employees to a management company or other person? 3. X 5. Did the organization make any significant changes to its organizational documents since the point Form 990 was filed? 5. Did the organization have members a stockholders? 6. Does the organization have members a stockholders? 7. Does the organization have members a stockholders? 8. Did the organization have members as obsolited for other persons who may elect one or more members of the governing body? 8. Did the organization have members as obsolited for other persons who may elect one or more members of the governing body? 8. Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a. The governing body? 8. Bid Carlos the organization have sold chapters, branches, or affiliales? 9. Bid Yes a does the organization have written polices and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization. 9. Bid Yes a does the organization have written polices and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 10. X 11. Is there any officer, circlector of trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have a written conflict of interest policy? If "No." go to line 13 12. A read officers, directions or fusitions and key employees required to disclose annually interests that could give rise to conflicts? 12. Does the organization have a written organization? Interest policy? If "No." go to line 13 13. X 14. Obsert the organ		- · · · · · · · · · · · · · · · · · · ·		12			
3 Debt he organization delegate control over management dulies customanily performed by or under the direct supervision of offices, directors or trustees, or key employees to as management company or other person? 4 Debt the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 Debt the organization have members or stockholders? 6 Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 5 Debt the organization have members stockholders, or other persons who may elect one or more members of the governing body? 5 A any decisions of the governing body subject to approval by members, stockholders, or other persons? 7 A Z S Debt the organization of the governing body subject to approval by members, stockholders, or other persons? 7 A Z S Debt the organization of the governing body subject to approval by members, stockholders, or other persons? 8 A Z Debt the organization of the governing body? 8 A Z Debt the organization have local chapters, shronches, or effitiates? 9 Dest the organization have local chapters, shronches, or effitiates? 9 Dest the organization have local chapters, shronches, or effitiates? 10 Was a copy of the Form 990 provided to the organization of the organization have written politices and priorectures governing the activities of such chapters, and branches to ensure their operations are consistent with those of the organizations will be organization that the person of the organization of the organization have the organization have written politices and priorectures governing the activities of such chapters, and branches to ensure their operations are consistent with those of the organizations are consistent with those of the organizations are undersome organizations and provided to the organization with the politices of the form 990 the form 990 provided to the organization with the politices of the organization or governing the organization or trustees, it	2		ו		_		,,,
supervision of offices, directors or fusities, or key employees to a management company or other person? 4					2		<u>X</u>
but the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5	3					ł	
Ta Dees the organization have members, stockholders, or other persons who may elect one or more members of the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 70							X
Ta Dees the organization have members, stockholders, or other persons who may elect one or more members of the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 70			0 was	s filed?		ļ	X
Ta Dees the organization have members, stockholders, or other persons who may elect one or more members of the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 70	5	· · · · · · · · · · · · · · · · · · ·				<u> </u>	X
of the governing body? b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b	6	-			6		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8 B X 9 B Does the organization have local chapters, branches, or affiliates? 9 B Does the organization have local chapters, branches, or affiliates? 9 B Does the organization have local chapters, branches, or affiliates? 9 B Does the organization have written policides and procedures governing the activities of such chapters, affiliates and branches to ensure their operations are consistent with those of the organization? 9 B D Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations and the organization's must describe in Schedule O the process, if any, the organization uses to review the Form 990 11 Is there any officer, director or trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization's mailting address? If "Yes," provide the names and addresses in Schedule O 12 Does the organization have a written conflict of interest policy? If "No." go to line 13 12	7a	- · · · · · · · · · · · · · · · · · · ·	rs		į	۱	
8 Odd the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8 Ba X 9 Besch committee with authority to act on behalf of the governing body? 8 Bo X S 8 Bo X 9 I "Yes," does the organization have local chapters, branches, or affiliates? 9 I The governing body? 9 Bo Dest the organization have written policioes and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 9 Bo I I Was a copy of the Form 990 provided to the organizations of the organization of the organization of the organizations of the organization of the organization's maining address? If "Yes," provide the names and addresses in Schedule O 11 I I I I I I I I I I I I I I I I I I						X	
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organization ▶ Deborah Scott 2986 N. Second Street	20		ords (of the			
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)	ganization did not comper (B)			((C)			(D)	(E)	(F)
Name and Title	Average hours per week	ที่ Individual trustee or director		Officer	Key employee	Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
William D. G										
Board Chair	5	X			_			0	0	. 0
Marion C. Al						1		_		_
Secretary	5	X			├—	+		0	0	0
Stephen Wint										
Board Member	2	X	_		_	+-+		0	0	0
Kim Lyttle		,,	ļ				i			^
Vice Chair	2	X		_	-	+-+	_	0	0	0
John Bolger	2	1,,							0	0
Board Member Marcella Dan	2	X			-	\vdash		0	0	0
		1.						0	0	0
Board Member Lorina Marsh	2	X	-			++	_	<u> </u>	0	U
Board Member	1	X						o	0	0
Jessie Pincu		╁			-	╂╌╁		U	<u>_</u>	
Board Member	1	X						ol	0	0
Sandra Loy-B		+								
Board Member	2	X						o	0	0
Betty Silfa		+	\vdash			1 1			· · · · · · · · · · · · · · · ·	<u> </u>
Board Member	2	X			İ	1		ol	0	0
Nelson Swart		+=-		_		1				
Board Member	5	X						ol	0.	0
Kelly Liebli						i i				
Treasurer	5	X						o	0	0
Michael Vara		1								
Board Member	2	X						o	0	0
Anthony Iani	ero	1								
Pres/CEO	40	<u> </u>		X				107,773	_0	0

Pa	rt VII Section A	Officers, Directors, Trus	tees	, Ke	y Em	plo	yees	, an	d Highest Compensated E	mployees (continued)				
	(A) . Name and title	(B) Average			check	C) call th	nat ap		(D) Reportable	(E) Reportable		(F) Estima	eted	
		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	C	amour othe ompens from organiz and rel organiza	er sation the ation ated	
							ed							
				-										
						-								
						<u> </u>								
											_			
														
1b	Total							>	107,773					_
2	Total number of indi- organization ▶ 1	viduals (including those in 1	a) w	ho re	ceiv	ed m	ore 1	han	\$100,000 in reportable con	pensation from the				
3		list any former officer, direct	ctor (or tru	stoo	kov	emr	love	ee, or highest compensated				Yes	No
4	employee on line 1a For any individual lis	? If "Yes," complete Scheduted on line 1a, is the sum o	ıle J f rep	for s ortab	uch i	ndiv	idual ensat	ion a	and other compensation fro	m		3		X
5	ındıvıdual	related organizations great d on line 1a receive or accru							complete Schedule J for su	ıch		4		X
		the organization? If "Yes,"										5		X
1		for your five highest compe	nsate	ed inc	depe	nder	nt cor	ntrac	ctors that received more tha					
		(A) Name and business address							Descrip	(B) vition of services		Co	(C) mpensa	tion
								-						
								-						
								-						
2	Total number of inde	ependent contractors (include	ding t	hose	e in 1) wh	o rec	eive	ed more than \$100,000 in	-		0		

Pa	rt V	III Statement of Rev	enue						
		•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S S	1a	Federated campaigns	1a				revenue	· ·	312, 313, 01 314
ran		Membership dues	1b		· · · · ·				
9.E		Fundraising events	1c		32,604				
gifts ar		Related organizations	1d						
i,S		Government grants (contributions)	1e	2	286,013				
tior s s		All other contributions, gifts, grants,							
ᄚᇵ		and similar amounts not included above	1f	3	324,523				
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included in lines 1	a-1f \$;					
_	h	Total. Add lines 1a-1f			<u> </u>	643,140			
Program Service Revenue					Busn Code				
ever	2a	Program administrat	ive i	ees		24,182	24,182	 	
e Š	b	Adult Basic Ed pro	•			17,850	17,850		
걸	С	Rosetta Stone Ed pr	•	n fees		6,195	6,195		
တ္မ	d	Program web hosting				2,000	2,000		
Jran	e	Workshops, conferen		etc		410	410		
ဦ		All other program service reve	enue			50,637			
\exists	<u>g</u> 3	Total. Add lines 2a–2f	duudor	de interes	t and	50,637			
	3	Investment income (including other similar amounts)	aividei	ius, iiitere:	st, and	55,621			55,621
	4	Income from investment of ta	r-exem	nt bond or	٠ ا	33,021			33,021
	5	Royalties	· onom	p. 50.15 p.	• • • • • • • • • • • • • • • • • • •				
	-	(ı) Real		(11)	Personal				
	6a	Gross Rents							
	b	Less rental exps							
	С	Rental inc or (loss)							
	_d	Net rental income or (loss)		<u>.</u>	•				
	/a	Gross amount from (i) Securiti	es	(11) Other				
		other than inventory 364	, 399	•					
	b	Less cost or other							
			859						
		· · · · · · · · · · · · · · · · · · ·	,460) [44.460			14 460
		Net gain or (loss)				-44,460			-44,460
۵	oa	Gross income from fundraising evolution (not including \$ 3.2)	, 604						
Ž.		of contributions reported on line 10							
ě		See Part IV, line 18	., a		76,425				
Other Revenue	b	Less direct expenses	b		66,526				
됩		Net income or (loss) from fund	draising	events	▶	9,899			9,899
		Gross income from gaming activiti							
		See Part IV, line 19	a	·					
	b	Less direct expenses	b						
	С	Net income or (loss) from gan	ning ac	tivities	<u> </u>				
	10a	Gross sales of inventory, less							
		returns and allowances	a						
		Less cost of goods sold	, t						
	С	Net income or (loss) from sale		ventory	Buan Cada				
	44-	Miscellaneous Revenu	. <u> </u>		Busn Code	000			000
	11a	Photocopies				990 94			990
	b c	Expense reimbursemen	C S						74
	d	All other revenue							
		Total Add lines 11a-11d			•	1,084			
	12	Total Revenue. Add lines 1h,	2g, 3.	4, 5, 6d, 7	· •				
		9c, 10c, and 11e	J,		•	715,921	50,637		0 22,144
									Form 990 (2008)

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) but are not required to complete columns (B), (C), and (D).

	All other organizations must	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and		evhenses	general expenses	evherises
'	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in		 		
_	the U.S. See Part IV. line 22	237,696	237,696		
3	Grants and other assistance to governments,	,			
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	107,774	21,556	43,109	43,109
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	9,575	3,830	4,788	957
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)		<u> </u>		
9	Other employee benefits	10 110	0.054	4 050	2 010
10	Payroll taxes	10,418	2,254	4,252	3,912
11	Fees for services (non-employees)				
a	Management				
b	Legal	15 104	C 011	0 102	
С.	Accounting	15,104	6,911	8,193	
d	Lobbying Preferenced fundament converse See Part IV, line 17.				
e	Professional fundraising services See Part IV, line 17 Investment management fees	5,681	-	5,681	
f	Other	100,512	94,829	5,001	5,683
g 12	Advertising and promotion	800	74,025		800
13	Office expenses	3,035	1,062	1,352	621
14	Information technology	3,033	1,002	1,332	
15	Royalties				
16	Occupancy				
17	Travel	4,529	1,104	1,956	1,469
18	Payments of travel or entertainment expenses			•	
	for any federal, state, or local public officials	İ			
19	Conferences, conventions, and meetings	34,306	8,951	16,268	9,087
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				- · · ·
23	Insurance	2,765	,	2,765	
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)	46 004	46 001		
а	Computer expense - grants	46,924	46,924		
b	Program supplies	8,629	8,629		6 604
C	Fund raiser - printing	6,604 5,201			6,60 <u>4</u> 5,201
d	Fund raiser - supplies Miscellaneous other exp	2,711		2,711	5,201
e	-	356		356	
f 25	All other expenses Total functional expenses. Add lines 1 through 24f	602,620	433,746	91,431	77,443
25 26	Joint Costs. Check here If following	002,020	<u> </u>	<u> </u>	11,445
20	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				
DAA	<u> </u>				Form 990 (2008)

<u></u>	art /	, balance Sheet		(4)		/D)			
		•		(A) Beginning of year		(B) End of year			
	1	Cash—non-interest bearing			1				
	2	Savings and temporary cash investments		450,250	2	510,709			
	3	Pledges and grants receivable, net			3				
	4	Accounts receivable, net			4				
	5	Receivables from current and former officers, directors, tru	ustees, kev						
		employees, or other related parties. Complete Part II of Sc	<u>-</u>		5				
	6	Receivables from other disqualified persons (as defined up							
		4958(f)(1)) and persons described in section 4958(c)(3)(B							
	ļ	Part II of Schedule L	,		6				
S	7	Notes and loans receivable, net			7				
ssets	8	Inventories for sale or use			8				
SS	9	Prepaid expenses and deferred charges			9				
1		Land, buildings, and equipment cost basis	10a		-				
		Less accumulated depreciation Complete		1					
	-	Part VI of Schedule D	106		10c				
	11	Investments—publicly traded securities		1,999,504	11	2,052,346			
	12	Investments—other securities See Part IV, line 11			12				
	13	Investments—program-related See Part IV, line 11			13				
	14	Intangible assets			14				
	15	Other assets See Part IV, line 11			15				
	16	Total assets. Add lines 1 through 15 (must equal line 34)		2,449,754	16	2,563,055			
	17	Accounts payable and accrued expenses			17	•			
	18	Grants payable			18				
	19	19							
	20 Tax-exempt bond liabilities 20								
Liabilities	21	Escrow account liability. Complete Part IV of Schedule D			21				
	22	Payables to current and former officers, directors, trustees	s, key						
jq		employees, highest compensated employees, and disqual	•						
Ë		persons Complete Part II of Schedule L			22				
	23	Secured mortgages and notes payable to unrelated third p	parties		23	-			
	24	Unsecured notes and loans payable			24				
	25	Other liabilities Complete Part X of Schedule D			25	-			
	26	Total liabilities. Add lines 17 through 25			26				
S		Organizations that follow SFAS 117, check here ▶ X	and						
nces		complete lines 27 through 29, and lines 33 and 34.	_						
<u>a</u>	27	Unrestricted net assets		1,151,214	27	1,574,159			
Balaı	28	Temporarily restricted net assets		1,250,655	28	913,661			
Þ	29	Permanently restricted net assets		47,885	29	75,235			
or Fund		Organizations that do not follow SFAS 117, check here	₽ ▶ □						
_		and complete lines 30 through 34.	_						
	30	Capital stock or trust principal, or current funds			30				
Assets	31	Paid-in or capital surplus, or land, building, or equipment fu	und		31				
ASi	32	Retained earnings, endowment, accumulated income, or o	other funds		32				
et/	33	Total net assets or fund balances		2,449,754	33	2,563,055			
Net	34	Total liabilities and net assets/fund balances		2,449,754	34	2,563,055			
P	art)	(Financial Statements and Reporting							
						Yes No			
1				Other					
2	a We	ere the organization's financial statements compiled or revie	wed by an independent account	ant?		2a X			
t) We	ere the organization's financial statements audited by an indi	ependent accountant?			2b X			
•	: If "	Yes" to lines 2a or 2b, does the organization have a commit	tee that assumes responsibility f	for oversight of					
	th	e audit, review, or compilation of its financial statements and	d selection of an independent ac	countant?		2c X			
3	a As	a result of a federal award, was the organization required to	o undergo an audit or audits as s	et forth in					
	the	Single Audit Act and OMB Circular A-133?				3a X			
	o If "	Yes," did the organization undergo the required audit or aud	its?			3b			
						Form 990 (2008)			

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions

OMB No 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Pennsylvania State System of Higher Education Foundation, Inc.

Employer identification number 22 - 2686249

Pa	IT I	Reas	on for Public Charity	Status (All organizations	must c	ompiete	tnis p	art.) (see in	Struction	ons)		
he c	rgar	nization is not	a private foundation because	it is (Please check only one org	ganization)							
1	Ш	A church, cor	nvention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(A)(ı).						
2	\Box	A school des	cribed in section 170(b)(1)(A	(ii). (Attach Schedule E)									
3		A hospital or	a cooperative hospital service	e organization described in sect	ion 170(b)	(1)(A)(III)	. (Attach	Schedu	ıle H)				
4		A medical res	search organization operated	in conjunction with a hospital de	scribed in	section 1	70(b)(1))(A)(iii)	Enter th	ne hospi	ıtal's name,		
		city, and state		•									
5	П	· ·		a college or university owned or	operated	by a gove	ernmenta	al unit de	escribed	l in			
	_	=	b)(1)(A)(ıv). (Complete Part I	= ,	·	, ,							
6	П	•		vernmental unit described in se c	tion 1706	b)(1)(A)(v	۸.						
	X		•	ubstantial part of its support from	•		•	n the ae	neral or	iblic			
•	تت	-	section 170(b)(1)(A)(vi). (Co		, a govo	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ge					
8	П			70(b)(1)(A)(vi) (Complete Part II	1.1								
9	Ħ	•		more than 33 1/3 % of its suppo		ntribution	s memh	ershin f	ees and	d aross			
•		_	•	ot functions—subject to certain e						-			
			•	d unrelated business taxable inc	•								
			•	, 1975 See section 509(a)(2). (, , tux, ii	0111 0001	1100000				
10	П	-	-	xclusively to test for public safety			a)(4) (se	e instru	ctions)				
11	Н	•	•	clusively for the benefit of, to pe		-			-				
• •		•	•	d organizations described in sec				•		tion			
				e type of supporting organization									
		a Type		c Type III-Functions			d	ī	e III-Ot	her			
е	\Box			–	, ,		or more						
•	ш	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section											
		*	section 509(a)(2)	,	, ,,	J							
f				mination from the IRS that it is a	Type I. Ty	pe II. or T	vpe III s	upportin	a				
•		•	check this box		. , , , , , ,	po, c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3				
g		=		on accepted any gift or contributi	on from a	nv of the							Ш
9		following per	· ·			,							
		• .		ntrols, either alone or together wi	th persons	s describe	d in (ii)					Yes	No
			pelow, the governing body of	-			(,				11g(i)		
			member of a person describe								11g(u)		
		• •	ontrolled entity of a person de	* *							11g(n)		
h		• •	•	e organizations the organization	supports						C.SC.	.	
					Т		(v) Dod		/\	1- 45-	(nin) 0		
(1)		e of supported anization	(ii) EIN	(III) Type of organization (described on lines 1–9		organization sted in your		ou notify	organizal	ls the	(viı) Amo supp		
	J			above or IRC section		document?	∞l (ı)		-	zed in the	,.		
				(see instructions))			supp			S?			
					Yes	No	Yes	No	Yes	No			
					1								
						ļ				1			
									 	\vdash			
					 					 			
					 								
otal													

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.)

Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,992,500	873,132	234,022	257,819	643,140	4,000,613
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						
4	Total. Add lines 1-3	1,992,500	873,132	234,022	257,819	643,140	4,000,613
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)			77 77 77 77 77 77 77 77 77 77 77 77 77			337,072
6	Public support. Subtract line 5 from line 4						3,663,541
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	1,992,500	873,132	234,022	257,819	643,140	4,000,613
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	59,140	82,528	118,186	129,116	55,621	444,591
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	8,843	3,172	2,489	489	1,084	16,077
11	Total support. Add lines 7 through 10	Li		1	1	12	4,461,281
12	Gross receipts from related activities, etc. (· ·	anned third fourth	or EAP townson		L	1,487,700
13	First five years. If the Form 990 is for the conganization, check this box and stop here	•	econa, mira, iourm	i, or min tax year as	s a section 501(c)(.)	. □
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2008 (line 6,	11		f))		14	82 1186 %
15	Public support percentage from 2007 Scher			•//		15	86 5590 %
16a	33 1/3 % support test—2008. If the organi			. and line 14 is 33 1	1/3 % or more, che	ck this box	
	and stop here. The organization qualifies a			,	,		ightharpoons
b	33 1/3 % support test—2007. If the organi			r 16a, and line 15 is	s 33 1/3 % or more	, check this	_
	box and stop here. The organization qualifi	es as a publicly sup	ported organization	1			▶ 🗌
17a	10%-facts-and-circumstances test—2008	3. If the organization	did not check a bo	ox on line 13, 16a, o	or 16b, and line 14	ıs 10% or	
	more, and if the organization meets the "fac	cts-and-circumstand	es" test, check this	box and stop here	e. Explain in Part IV	/ how the	_
	organization meets the "facts-and-circumsta	ances" test. The org	anization qualifies	as a publicly suppo	rted organization		▶ 📙
b	10%-facts-and-circumstances test—2007	7. If the organization	did not check a bo	x on line 13, 16a, 1	16b, or 17a, and lin	e 15 is 10% or	
	more, and if the organization meets the "fac	ts-and-circumstand	es" test, check this	box and stop here	e. Explain in Part IV	/ how the	_
	organization meets the "facts-and-circumsta	ances" test. The org	anization qualifies	as a publicly suppo	rted organization		▶ 📙
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b, 1	17a, or 17b, check t	this box and see in	structions	▶ 📙

Schedule A (Form 990 or 990-EZ) 2008 Pennsylvania State System of Higher 22-2686249 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1-5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 Add lines 7a and 7b Public support (Subtract line 7c from Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business 11 activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or 12 loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 18 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 19a 33 1/3 % support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and

line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008 Pennsylvania State System of Higher 22-2686249

Page 4

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Part II, Line 10 - Other Income Detail

Miscellaneous

\$

16,077

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that

OMB No 1545-0047

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Employer identification number Name of the organization Pennsylvania State System of Higher Education Foundation, Inc. 22-2686249 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 2 Aggregate grants from (during year) 4 Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b 2с c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _ _ _ _ _ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 7 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)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (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 SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

sche		nia State Sys						'age ∡		
Pa	rt III Organizations Maintaining	Collections of Art, F	listorical Treas	ures, or Other S	Similar Assets	; (continu	red)			
3	Using the organization's accession and other ritems (check all that apply)	ecords, check any of the fol	lowing that are a sig	nificant use of its coll	lection					
а	Public exhibition	d Loan o	r exchange program	ıs						
ь	Scholarly research	e Other								
С	Preservation for future generations	_		- -	_					
4	Provide a description of the organization's colle	ections and explain how the	y further the organiz	ation's exempt purpo	se in					
5	During the year, did the organization solicit or r				Г	٦.,				
	assets to be sold to raise funds rather than to be					Yes		No		
Pa	rt IV Trust, Escrow and Custodi				a yes to For	m 990,				
	Part IV, line 9, or reported a									
1a	Is the organization an agent, trustee, custodiar	or other intermediary for α	ontributions or other	assets not	Γ-	٦				
	included on Form 990, Part X?				L	Yes	\sqcup	No		
b	If "Yes," explain the arrangement in Part XIV as	nd complete the following ta	ble							
						Amoun	ıt			
c Beginning balance										
đ	Additions during the year				1d					
e Distributions during the year										
f Ending balance										
2a Did the organization include an amount on Form 990, Part X, line 21?										
b	b If "Yes," explain the arrangement in Part XIV Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10									
		ete if organization an	swered "Yes" to	Form 990, Parl	t IV, line 10					
	<u> </u>	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years bad	ck (e) Fou	ır years	back		
1a	Beginning of year balance	47,885								
	Contributions	452,350								
	Investment earnings or losses	500								
	Grants or scholarships	500								
	Other expenditures for facilities	300				-				
-	·									
	and programs									
	Administrative expenses	500,235								
9	End of year balance				i					
2	Provide the estimated percentage of the year e									
	Board designated or quasi-endowment	84.96%								
	Permanent endowment ▶ <u>15.04</u> %									
	Term endowment ▶ %									
3a	Are there endowment funds not in the possess	ion of the organization that	are held and admini	stered for the						
	organization by						Yes	No		
	(i) unrelated organizations					3a(ı)		X		
	(ii) related organizations					3a(ii)		X		
þ	If "Yes" to 3a(II), are the related organizations I	sted as required on Schedu	ıle R?			3b		_		
4	Describe in Part XIV the intended uses of the c									
Pa	rt VI Investments—Land, Buildi	ngs, and Equipment	. See Form 990	<u>), Part X, line 10</u>						
	Description of investment	(a) Cost or other basis	(b) Cost or oth	ner (c) De	preciation	(d) Book	value			
		(investment)	basis (other)						
1a	Land									
b	Buildings									
	Leasehold improvements									
	Equipment		-							
	Other									
	l. Add lines 1a-1e (Column (d) should equal Fo	rm 990, Part X. column (B).	line 10(c))		▶					
	(27		/ /			lule D /For	m 000	2005		

Schedule D (Form 990) 2008 Pennsylvania State Sys Part VII Investments—Other Securities. See Form 990	stem of Higher Part X. line 12.	22-2686249	Page 3
(a) Description of security or category	(b) Book value	(c) Method of valuate	on
(including name of security)	1	Cost or end-of-year marke	
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Oller			
			
			
 			
_ 			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See Form 990). Part X. line 13.		
(a) Description of investment type	(b) Book value	(c) Method of valuati	on .
(-/	' '	Cost or end-of-year marke	
	-		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, line 15	•		
(a) Description			(b) Book value
	-		···
			
	<u></u>		
Total. (Column (b) should equal Form 990, Part X, col (B) line 15)		>	
Part X Other Liabilities. See Form 990, Part X, line 25).		
(a) Description of liability	(b) Amount		
Federal income taxes			
Todayar moonid axid			
	 		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.)			
In Part XIV, provide the text of the footnote to the organization's financial statem	nents that reports the organi	ization's liability for	
	noma macreporta me organi	220011 3 hability 101	
uncertain tax positions under FIN 48			

Sche	dule D (Form 990) 2008 Pennsylvania State System of H		9	Page 4
Pa	art XI Reconciliation of Change in Net Assets from Form 990 to Fi	nancial Statements	- 1	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	715,921
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	602,620
3	Excess or (deficit) for the year Subtract line 2 from line 1		_3	113,301
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	· <u>.</u>
8	Other (Describe in Part XIV)		8	· · · · · · · · · · · · · · · · · · ·
9	Total adjustments (net) Add lines 4-8		9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		10	113,301
Pa	art XII Reconciliation of Revenue per Audited Financial Statement	s With Revenue per Ret	urn	
1	Total revenue, gains, and other support per audited financial statements		1	706,634
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d 12,001		
е	Add lines 2a through 2d		2e	12,001
3	Subtract line 2e from line 1	ſ	3	694,633
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIV)	4b 21,288		01 000
	Add lines 4a and 4b		4c	21,288
,, , ,,	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12)	4- Marie Francisco D	5	715,921
	rt XIII Reconciliation of Expenses per Audited Financial Statemen	ts with Expenses per K		
1	Total expenses and losses per audited financial statements		1	593,333
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	_ 1		
a		2a		
	Prior year adjustments	2b		
	Losses reported on Form 990, Part IX, line 25	2c 12 001		
	Other (Describe in Part XIV)	2d 12,001		12 001
_	Add lines 2a through 2d		2e	12,001
3	Subtract line 2e from line 1	ſ	3	581,332
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	.		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a 21,288		
	Other (Describe in Part XIV)	4b 21,288		21 200
	Add lines 4a and 4b		4c	21,288
	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)		5	602,620
	Irt XIV Supplemental Information	and 4. Dod IV. Iron 1b		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1, 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4			
_	Part V, Line 4 - Intended Uses for Endowment	<u>runus</u>		
_	All_of the four_endowment_funds_maintained by	<u>/ the Foundation</u>	ar	<u>e for the</u>
	nurnogae of providing aphologahing to atudopt	a attending one	∩f	the 14
_	purposes of providing scholarships to student	is accending one	91.	-clie-14
_	u <u>niversities of the Pennsylvania State Syste</u> r	n_of Hıgher_Educ	a <u>t</u> i	on
_	· · · · · · · · · · · · · · · · · · ·			
_		 -		
_	Part XI, Line_8 - Reconcilation of Changes -	<u>Other </u>		
	Transfer to permanent_endowment_fund	\$		5 400
_	Transfer to bermaneur endowment rand			, = , = ,

Schedule D (Form 990) 2008 Pennsylvania State System of Higher 22-26: Part XIV Supplemental Information (continued)	86249	Page 5
_Refund of prior years' grant revenues	_ \$ _	6, <u>601</u>
Fund raiser_overhead expenses_separated_for_990_return _		
_Transfer to_permanent_endowment_fund		<u>5,400</u>
_Refund of prior_years' grant revenues	_ 호 _	<u>6,601</u>
_Fund raiser_overhead expenses_separated_for_990_return _	_ \$ _	21,288
_Part_XII,_Line_2dRevenue_Amounts_Included_in_Financia	l <u>s - O</u> t	<u>her</u>
_Transfer to_permanent_endowment_fund	_ \$ _	5,400
_Refund of prior years' grant revenues	_\$_	_ <u>6,601</u>
_Part_XII,_Line_4bRevenue_Amounts_Included_on_Return	<u>Other</u>	
_Fund raiser_overhead expenses_separated_for_990_return _	_ \$ _	21,288
_ Part XIII, Line 2d - Expense Amounts Included in Financi	- - - als - C	 ther
Transfer to permanent endowment fund	_ \$ _	<u>5,400</u>
		<u>6,601</u>
	_ _ _	
		_ _ _ _
_Part_XIII, Line_4b - Expense Amounts Included on Return_		
_Fund raiser_overhead expenses_separated_for_990_return _	_ 호 _	21,288
	-	
	-	
	-	

SCHEDULE G

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information Regarding **Fundraising or Gaming Activities**

▶ Attach to Form 990 or Form 990-EZ Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a

Inspection

Internal Revenue Service Name of the organization

Pennsylvania State System of Higher

Employer identification number

Education Foundation, Inc. 22-2686249 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Part I Indicate whether the organization raised funds through any of the following activities. Check all that apply Solicitation of non-government grants Mail solicitations Email solicitations Solicitation of government grants Special fundraising events Phone solicitations in-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (III) Did fund-(i) Name of individual (II) Activity (IV) Gross receipts (v) Amount paid to (vi) Amount paid to raiser have or entity (fundraiser) from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of contributions col (i) Yes

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Total

P	art	II Fundraising E more than \$15											repo	orted	İ
				(a) Event 19hes Sc	#1 holars		(b) Event #2 (event type)			(c) Other Events Ione (total number)		(d)	Total E	throu	gh
Revenue	1	Gross receipts			109,029			-					1(09,	029
	2	Less Charitable contributions	L		32,604									32,	604
	3	Gross revenue (line 1 minus line 2)			76,425									76,4	425
	4	Cash prizes				_									
sesue	5	Non-cash prizes							-		·- <u>-</u>				
Direct Expenses	6	Rent/facility costs							-	-					
Direc	7	Other direct expenses			66,526								6	56,	526
	8 9 art	Direct expense summary Net income summary Com III Gaming. Com	ombine	e lines 3 and 8 i	n column (d)		/os" to For	m 990 I	Part	t IV June 19 or	>	rted me		56,! 9,	526 899
		than \$15,000 c							-		Терс	The diffe			
Revenue				(a) Bingo)	, ,	Pull tabs/Instant /progressive bin			(c) Other gaming		(d) Tota col (a)	-	-	
Re	1	Gross revenue	ļ												
ses	2	Cash prizes													
Direct Expenses	3	Non-cash prizes													
Direct	4	Rent/facility costs				_				 					
	5	Other direct expenses	<u>_</u>	 					<u> </u>						
	6	Volunteer labor		Yes No	%	Ye No	•	%		Yes No	%				· · · · · ·
	7	Direct expense summary	Add	lines 2 through	5 ın column (d)					•	<u> </u>			
	8	Net gaming income sumr	mary	Combine lines 1	1 and 7 in colu	mn (d)					•				
9 a b	ls t	ter the state(s) in which the the organization licensed to No," Explain	_	*			es?						9a	Yes	No
10a b		ere any of the organization' Yes," Explain	s gam	ning licenses rev	voked, suspen	ded or term	inated during t	the tax yea	ar?			1	10a		
11 12	Is	es the organization operate the organization a grantor, med to administer chantab	benef	iciary or trustee			a partnership	or other e	ntity	-			11		
										Schedul	ie G (F	Form 990 d	or 990	ノーヒス)	ZU08

DAA

Sche	edule G (Form 990 or 990-EZ) 2008 Pennsylvania State System o	<u>f Higher</u>	22-268624	9	P	age 3
	•				Yes	No
13	Indicate the percentage of gaming activity operated in					
а	The organization's facility	13a	%			
b	An outside facility	13b	%			
14	Provide the name and address of the person who prepares the organization's gaming/special even	ts books				
	and records					
	Name ▶					
	Address ►					
15a	Does the organization have a contract with a third party from whom the organization receives gamin	ng				
	revenue?			15a		
b	, ,	and	the			
	amount of gaming revenue retained by the third party ▶ \$					
С	If "Yes," enter name and address:					
	Name ►					
	Address ►					
16	Gaming manager information					
	Name ►					
	Gaming manager compensation ▶ \$					
	Description of services provided ▶					
	Director/officer Employee Independent contractor					
17	Mandatory distributions					
а	Is the organization required under state law to make charitable distributions from the gaming procedure	eds to				
	retain the state gaming license?			17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations	or spent				
	in the organization's own exempt activities during the tay year					1

Schedule G (Form 990 or 990-EZ) 2008

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

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

► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

X

Name of the	Name of the organization Pennsylvania State System of	System of	f Higher	er		Employer	Employer identification number	·
Part	General Information on Grants and Assistance	Assistance				27-77	200243	
1 Does	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? Describe in Part IV the organization's procedures for monitoring the use of grant finds in the United States.	ne amount of the grace?	rants or ass	sistance, the grantees' in the United States	eligibility for the grant.	s or assistance, an	рı	X Yes
Part	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	vernments an scipient that receipt additional spirit	ceived m	izations in the Ur lore than \$5,000.	nited States. Corr Check this box if	nplete if the orgino one recipie	ganization ansv ent received mo	wered "Yes" on ore than \$5,000. Use ▶
-	(a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant (e) Amount of non-cash (f) Method of valuation (book, FMV, appraisal, assistance other)	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							-	
2 Ente 3 Ente	Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations	organizations						
For Privac	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for DAA	he Instructions for	r Form 990.					Schedule I (Form 990) 2008

Schedule (Form 990) 2008 Pennsylvania State System of Higher 22-2686249

	מ שרמרה שאשרהו	Or night 64	2 - 2000247		Zaña John Dort IV. Iin 20
Fart III Grants and Other Assistance to Individuals in the United Variable United (1998) if additional space is needed.	e to Individuals in the) if additional space is	needed.	ipiete II tire organiza	nited states. Complete il tile organization answered i tes on Form 990, Parcio, ille zz. 9eded.	III 990, Falt IV, IIIIE 22.
(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
	recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
Scholarships	1	6,500			
Scholarships	2	1,500			
Scholarships	48	24,000			
Scholarships	т	23,696			
Scholarships	4.0	70.000			
Scholarships	2	1,000			
Scholarships		4,000			
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	Complete this part to p	rovide the informatic	on required in Part I,	line 2, and any other additi	onal information.
					ı

Schedule I (Form 990) 2008

Schedule 1-1 (Form 990) 2008 Open to Public Inspection OMB No 1545-0047 2008 Employer identification number (h) Purpose of grant or assistance 22-2686249 Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.) non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, Continuation Sheet for Schedule I (Form 990) (c) IRC Code section (d) Amount of cash grant (e) Amount of non-cash ▶ Attach to Form 990 to list additional information for assistance Part II and Part III, Schedule I (Form 990). of Higher For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. if applicable Inc. Pennsylvania State System Enter total number of Section 501(c)(3) and government organizations (p) EIN Education Foundation, I ١ 1 ŀ 1 1 1 İ ı Ī ١ ł ł ١ ŀ I (a) Name and address of organization Enter total number of other organizations 1 ļ I I l 1 ŀ 1 ŀ or government ١ I İ ı 1 ١ 1 ١ 1 1 l ١ I ١ 1 Ì ١ I Department of the Treasury Internal Revenue Service ١ ŧ ١ 1 Name of the organization SCHEDULE 1-1 I 1 I ŀ ı ı ١ ١ 1 (Form 990) I į ı Parti ł ı

Schedule 1-1 (Form 990) 2008 Pennsylvania State System of Higher 22-2686249 Part II Continuation of Grants and Other Assistance to Individuals in the U.S. (Schedule I (Form 990), Part III.)	State System oer Assistance to Indivi	of Higher 22-268 duals in the U.S. (Sche	36249 dule I (Form 990). Par	t ()	Page 2
	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Scholarships	1	200			•
Scholarships	16	8,000			
Scholarships	2	5,000			
Scholarships	7	1,000			
Scholarships	123	92,250			
Memorial contribution	7	250			
					Schedule I-1 (Form 990) 2008

SCHEDULE L

(Form 990 or 990-EZ) ' Department of the Treasury

Transactions With Interested Persons ▶ Attach to Form 990 or Form 990-EZ.

► To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

Open To Public Inspection

Internal Revenue Service Name of the organization

Pennsylvania State System of Higher

Employer identification number

Education Foundat	<u>ion</u>	, II	nc.				22-	268	3624	<u> 19</u>			
Part I Excess Benefit Transactions (section								- 4 \ /	L = - A	ΔL			
To be completed by organizations that answer	ed "Ye	s" on F	orm 990,	Part I	v, line 25a	or 25b, or F	orm 990-EZ, P	art v,	line 4	JP J	(c) (Correct	od?
1 (a) Name of disqualified person						(b) Description	n of transaction				Yes		10
												╈	<u>. </u>
											<u> </u>		
												_	
											-	-	
Enter the amount of tax imposed on the organization mar	nagers	or disc	ualified p	ersons	s during th	e year					<u> </u>	L_	
under section 4958													
3 Enter the amount of tax, if any, on line 2, above, reimburs			anization					▶ \$					
Part II Loans to and/or From Interested P				D4 I	. / l 00	000	EZ Dant V lin	- 20-					
To be completed by organizations that answer	ed "Ye	s" on F						ŀ					
(a) Name of interested person and purpose	or fro	oan to om the ization?		Origina pal amo		(d) Bala	ance due	(e) in c	default?	by boa	proved ard or nittee?	(g) W agree	ntten ment?
	То	From						Yes	No	Yes	No	Yes	No
									\sqcup		\sqcup		
	+	-								-			
					_								
		-				<u>.</u>				\vdash			
											1		
Total		1, 1			▶ \$	L		·····	-				
Part III Grants or Assistance Benefitting I	ntere	sted	Person	ıs.		-							
To be completed by organizations that answer	ed "Ye	s" on F	orm 990,	Part I	V, line 27			,					
(a) Name of interested person			(b) R	elations		n interested pe	rson and the	(c)) Amou	_	grant or	type o	of
					orga	anization		 	—	assist	ance		
		<u> </u>	_					-					
													
2.48													
Part IV Business Transactions Involving I To be completed by organizations that answer					V, line 28a	, 28b, or 28c							
(a) Name of interested person	٠,,	rested p	ship betwee			nount of saction	(d) Descri	ption o	f trans:	action		of reve	haring org nues?
			nization									Yes	_
Jinaki Gibson Bright			of Bd I	_		33,851	Compens					_	X
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SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information

2008
Open to Public Inspection

Name of the organization

Pennsylvania State System of Higher Education Foundation, Inc.

Employer identification number 22 - 2686249

Form 990, Part VI, Line 7a - Election of Members and Their Rights

The Board of Directors of the Foundation shall consist of a minimum of

12 and a maximum of 24 members. The Board of Governors of the Pennsylvania

State System of Higher Education may appoint up to three non-voting members

to the Foundation Board of Directors. In addition, the Chancellor of the

Pennsylvania State System of Higher Education may appoint one non-voting

member to the Foundation Board of Directors.

Form 990, Part VI, Line 10 - Organization's Process Used to Review Form 990 The Board members all receive notification that a draft copy of the 990 form is available for review for a thirty day period at the Foundation's office. In addition, a Board member may request that a copy of the draft 990 be mailed to them for review. After the thirty day review period, the Foundation will make any necessary changes or edits to the 990 form and file it before the due date.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
The Foundation Board of Directors annually reviews comparable salaries for
other similar university foundations when determining the compensation for
the Foundation's President and CEO. However, the final compensation
determination has not been contemporaneously documented in the Board
minutes to date.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation All documents that must be made available to the general public are made

Name of the organization

Pennsylvania State System of Higher

Employer identification number

22-2686249

available upon written request. Other governing documents are generally not made available to the public.

Schedule O - Additional Information

In 2008, the Pennsylvania State System of Higher Education passed through a grant from the PA Department of Education to the Foundation for a program entitled "James Hughes Scholarship and Retention Program". At the time of the grant passthrough to the Foundation, the PA State System of Higher Education had already identified and begun working with several individuals with the backgrounds necessary to work on the retention grant, two of whom are full grown and independent children of a Foundation board member. The compensation paid to the two related individuals through the grant expenditures by the Foundation have been disclosed on Schedule L.