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### Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form
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)

Sponsonng organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

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

OMB No 1545-1150

2008

Open to Public Inspection

Α	F	or the 2008 caler	ndar year, or tax year beginning 7/01/08, and ending 6/30/09			· · · · - · · · · · · · · · · · · · · ·
В	ຸເ	heck if applicable	Please C Name of organization	D	Empl	oyer Identification number
L	. A	ddress change	label or The Description of the Company of the Comp	1		
 	ļи	lame change	print or HARRISBURG PUBLIC SCHOOL FOUNDATION		<u> 25</u> .	-1818898
-	in	nitial return	type. Number and street (or P O box, if mail is not delivered to street address)	Room/suite E		phone number
$\vdash$	Τ	ermination	See P.O. BOX 54		71	7-703-4113
Ļ	_ A	mended return	Instruc- City or town, state or country, and ZIP + 4	F	Grou	p Exemption
L	A	pplication pending	tions. HARRISBURG PA 17108		Num	<del></del>
	•	<ul> <li>Section 501(c)(</li> </ul>	(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach	G Accounting me	ethod:	X Cash   Accrual
_	_		a completed Schedule A (Form 990 or 990-EZ).	Other (specify)		
ı			WW.HBGPSF.ORG	H Check ▶	if the	organization is <b>not</b> edule B (Form 990,
7	<u> </u>		(check only one)— X 501(c) ( 3 ) ◀ (insert no.) 4947(a)(1) or 527			
K			the organization is not a section 509(a)(3) supporting organization and its gross receipts a	are normally not	more th	an \$25,000. A return
_			if the organization chooses to file a return, be sure to file a complete return.			
<u>L</u>			7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ	<u> </u>	▶ \$	344,074
_	Pa	<u>ırti Reve</u>	nue, Expenses, and Changes in Net Assets or Fund Balances (Se	<u>e the instruct</u>	tions f	
	1		s, gifts, grants, and similar amounts received		1	324,543
	- 1	2 Program s	ervice revenue including government fees and contracts		2	······································
		3 Membersh	ip dues and assessments		3	
			t income		4	1,394
		5a Gross amo	ount from sale of assets other than inventory		1 1	
		<b>b</b> Less: cost	or other basis and sales expenses		] ]	
			s) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch.)		5c	
	Kevenue	6 Special ever	nts and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here			
ć	₹	a Gross reve	enue (not including \$ of contributions			
	2	reported or		18,137		
	1	<b>b</b> Less: direc	ct expenses other than fundraising expenses 6b	2,139		
<u></u>			e or (loss) from special events and activities (Subtract line 6b from line 6a)		1 6c	15,998
2010			os of inventory loss returns and alleurances			·
7			of goods sold 7b		1 1	
igorplus			St as (loss) from polos of inventory (Subtract line 7h from line 7a)		7c	
<b>e</b> 2			enue (describe 🕨		8	
=			nue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9	341,935
₫-	1		d complex amounts poid (attach cabadula)		10	
$\bigcirc$			and the second s		11	
anned		•	aid to or for members		12	<del></del>
<b>골</b>	penses		ial fees and other payments to independent contractors		13	2,500
<b>2</b>	듓		y sont utilities and maintananae		14	
	X		ublications, postage, and shipping		15	150
T)			enses (describe  SEE STATEMENT 1		16	367,156
			Add Social Add Social AC		17	369,806
-	s		(deficit) for the year (Subtract line 17 from line 9)		18	-27,871
	Assets				19	127,520
			or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on		20	
	Š		ages in net assets or fund balances (attach explanation)		21	99,649
-			sor fund balances at end of year. Combine lines 18 through 20			
1			nce Shaets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 9		111 990-	(B) End of year
	2		(10)	eginning of year	1 22	99,649
- 1	1	Cash, savings, and		127,520	7 7	33,043
1_		and entremely the			23	
		Other-assets (desc	mbe ▶)	127 520	24	00 640
		Total assets		127,520		99,649
		Total liabilities (de		127 520		00 640
_			d balances (line 27 of column (B) must agree with line 21)	127,520	27	99,649
	F	Privator Act and D	Panapuork Paduction Act Notice, see the Instructions for Form 990.			Form <b>990-EZ</b> (2008)

DAA

	BLIC SCHOOL FOUN		-1818898				Page 2
Part III Statement of Program Serv	<u>vice Accomplishments (S</u>	See the instruct	ons for Part II	l.)		Ex	penses
What is, the organization's primary exempt purpose?					(F	Required	for 501(c)(3)
SUPPORT OF HARRISBURG PULIC SCHOOLS					ar	nd (4) o	rganizations
Describe what was achieved in carrying out the organ				l			(a)(1) trusts;
describe the services provided, the number of person	is benefited, or other relevant info	rmation for each pro	ogram title.		이	otional fo	or others.)
28 SEE STATEMENT 2							
				<u> </u>			
	nount includes foreign grants, che	ck here	, , 🕨	Щ	28a		329,641
29		,.		.			
				-1			
	nount includes foreign grants, che	ck here	<u></u>	┸┵╂	29a		
30							
(Consta C				m l			
	nount includes foreign grants, che	ck here	<u></u>	щ	30a		
31 Other program services (attach schedule)				<u>ا ۲</u>			
	nount includes foreign grants, che	ck here		ĻH	31a		220 641
32 Total program service expenses (add lines 28: Part IV List of Officers, Directors, Trustee		<u> </u>	<u> </u>		32		329,641
Part IV List of Officers, Directors, Trustee	s, and Key Employees. List eac	(b) Title and average	(c) Compensation		Contribu		(e) Expense
(a) Name and addre	ss	hours per week	` (If not paid,	employ	yee bene	fit plans &	account and
BLLEN M. KYZER	WARD T COURSE	devoted to position	enter -0)	deten	red comp	ensation	other allowances
200 NORTH THIRD ST, PO BOX 678	HARRISBURG	PRESIDENT				ا	
GARY MANLEY	PA 17108		u	+			
350 POPLAR CHURCH ROAD	CAMP HILL	VP/TREASURER				ا	•
MORTON SPECTOR	PA 17011	20122 10222		1			Ü
PO BOX 60784	HARRISBURG PA 17106	BOARD MEMBER				ا	•
MARION C. ALEXANDER		20122 100022		+		0	
16 WAGNER STREET	HUMMELSTOWN	BOARD MEMBER					•
JOSEPH A. BEDARD	PA 17036	20122 1000		1		- 0	
1044 MEMORY LANE	MECHANICSBURG	BOARD MEMBER					•
CHARLES DEBRUNNER	PA 17050 HARRISBURG	BOARD MEMBER	·	+		- 0	0
112 WALNUT STREET	PA 17102	BOARD MEMBER				٥	•
VERONA DORCH	CAMP HILL	BOARD MEMBER		<del>' </del>		<u>`</u>	
350 POPLAR CHURCH ROAD	PA 17011	BOARD RERBER	•	ļ			0
MARCUS D. HITE	HARRISBURG	BOARD MEMBER		-		<del>- 1</del>	
213 MARKET STREET	PA 17101	DOMES MANAGEM	•	ļ		اه	0
CHRISTOPHER MARKLEY	HARRISBURG	BOARD MEMBER		+		<b>─</b> ॔ऻ	
PO BOX 2361	PA 17011	DOMES MEMBER	•	,		اه	0
JULIE SULLIVAN	HARRISBURG	BOARD MEMBER				──サ	
2315 MAGNOLIA DRIVE	PA 17104		0	J		اه	0
MERRY-GRACE S. MAJORS	HARRISBURG	BOARD MEMBER					
RM 223 HEALTH & WELFARE BLDG	PA 17120		0	,		0	0
JOAN PRESCOTT	CAMP HILL	BOARD MEMBER					
161 OLD FORD DRIVE	PA 17011		o			اه	0
ACE REDDY	HARRISBURG	BOARD MEMBER					
1900 GREEN STREET	PA 17102		0	ŀ		٥	0
KAREN SNIDER	HARRISBURG	BOARD MEMBER					
2101 N FRONT ST, BLDG 4, STE 201	PA 17110	]	0			0	0
MICHAEL WILSON	HARRISBURG	SECRETARY		ĺ			
326 MARKET STREET	PA 17101		0			0	0
				Ī			
	······	<u> </u>		$\perp$			
	·· · · · ·			<u></u>			
				1			

P	art V Other Information (Note the statement requirements in the instructions for Part VI.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			
	description of each activity	33		x
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes,"			
	attach a conformed copy of the changes	34		x
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b>	-		_
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting,	[	1	İ
	and proxy tax requirements?	35a		x
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	$\vdash$	<del></del>
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes,"	330	<b></b>	$\vdash$
•	complete applicable parts of Schedule N	20		x
37a	ngapan ang panganang managan ang kalang at taun ang panganan at taun ang kalang kalang panganan ang kalang at	36		-
b		f 1	1	
38a	Did the organization file Form 1120-POL for this year?	37b		X
Jua	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
ъ 39	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			l
	Section 501(c)(7) organizations. Enter:			l
a	Initiation fees and capital contributions included on line 9			l
40-	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ 0 , section 4912 ▶ 0 ; section 4955 ▶ 0	1	1	ŧ
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule			
	L, Part I	40b		X
С	Enter amount of tax imposed on organization managers or disqualified persons during			
	the year under sections 4912, 4955, and 4958			
đ	Enter amount of tax on line 40c reimbursed by the organization			
0	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e	$ldsymbol{f eta}$	X
41	List the states with which a copy of this return is filed.   PA			
42a		-76	3-6	415
	350 POPLAR CHURCH ROAD			
	Located at ► CAMP HILL, PA	11		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			ĺ
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			ightharpoons
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990. F7	44	1	x
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			
	"Yes," Form 990 must be completed instead of Form 990-EZ.	45	1	x
			0-EZ	(2008)
	•			

	990-EZ (2008) HARRISBURG PUBLIC SCHOOL FOUN	DATION 25	<u> -1818898</u>			_ P	age 4
Par	t VI Section 501(c)(3) organizations only. All section 501	(c)(3) organiza	tions must ans	wer questions	46-4	9	
	and complete the tables for lines 50 and 51.			•			
46	Did the organization engage in direct or indirect political campaign activities on b	ehalf of or in oppos	ition to			Yes	No
	candidates for public office? If "You " complete Schodule C. Dert I				46		X
	Did the organization engage in lobbying activities? If "Yes," complete Schedule C				47		<u> </u>
			n de la de l		-		X
	Is the organization operating a school as described in section 170(b)(1)(A)(II)? If		nedule E	• • • • • • • • • • • • • • • • • • • •	48		
	Did the organization make any transfers to an exempt non-chantable related organization	anization?			49a		X
	If "Yes," was the related organization(s) a section 527 organization?				49b		
	Complete this table for the five highest compensated employees (other than office			yees) who			
	each received more than \$100,000 of compensation from the organization. If the	re is none, enter "N	lone."				
	(a) Name and address of each employee paid more	(b) Title and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans &		Expens ount an	
	than \$100,000	devoted to position		deferred compensation		allowar	
nonè		İ					
					_	-	
				- · · · · · - · · · · · · · · · · · · ·			
	• • • • • • • • • • • • • • • • • • • •						
٠							
Cotal :	number of other ample on a side of 6400,000		<u> </u>				
	number of other employees paid over \$100,000						
51	Complete this table for the five highest compensated independent contractors wi	no each received m	ore than \$100,000	of			
	compensation from the organization. If there is none, enter "None"						
	(a) Name and address of each independent contractor paid more than \$100,000	(b)	Type of service	(c) C	ompens	ation	
NON	IE .						
		`` ']					
	• • • • • • • • • • • • • • • • • • • •	• •					
·			<del> </del>				
Fotol -	number of all or independent and a large state of the sta						
otair	number of other independent contractors each receiving over \$100,000						
	Under penalties of penury. I declare that I have examined this return, including ac and belief, it is true, correct, and complete. Declaration of preparer (other than of	companying schedule	s and statements, and	to the best of my know	wledge		
Sign		icer) is based on all in	_		ye.		
_			01/82	010			
Here			Date				
	GAM A MINION DONS CHEN						
	Type or print name and title		, ,				
	Preparer's Tomas & Rotting	11 Page /	Check if	Preparer's Ident	ifying Nui	nber (Se	e instr )
Paid	signature / / ///// 2 20/00/1/	11 12/14/1	10 self- employed ▶	P0023	5696	5	
Prep	arer's Firm's name (or yours MACK GERBERICH & ASSO	CIATES, P.	C		5-1		369
-	Only if self-employed), P.O. BOX 6595		. <del>-</del>		<del></del>		
-		<del> </del>	<del></del>	Phone no ▶ 717	_ 6 F	2 _ 0	602
May H	he IRS discuss this return with the preparer shown above? See instructions		<del></del>		X Ye	_	
iviay u	inco discuss this return with the preparer shown above? See instructions	· · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				No
				Fo	m 99	ィーピム	(∠∪∪8)

**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 Bublic Inspection

Department of the Treasury Internal Revenue Service Name of the organization

lam	me of the organization HARRISBURG PUBLIC SCHOOL FOUNDATION										Employer Identification number 25-1818898			
P	irt i	Reas	on for Public Charity	Status (All organizations	must c	omplete	this p	art.) (s	see in	structi	ions)			
P	irt i	Rease nization is not A church, con A school des A hospital or A medical recity, and state An organizate An organizate described in A community An organizate receipts from acquired by the An organizate An organiz	HARRISBURG P  son for Public Charity a private foundation because envention of churches, or asso cribed in section 170(b)(1)(A a cooperative hospital service search organization operated er ion operated for the benefit of (b)(1)(A)(iv). (Complete Part in ate, or local government or go ion that normally receives a s section 170(b)(1)(A)(vi). (Co a trust described in section 17 ion that normally receives: (1) a activities related to its exemily gross investment income and the organization after June 30 ion organized and operated el ion organized and operated el ion organized and operated el ion organized and operated el ion organized and operated el ion organized and operated el ion organized and operated el ion organized and operated el ion organized and operated el ion organized and operated el ion organized and operated el ion organized and operated el ion organized and operated el ion organized and operated el ion organized and operated el ion organized and operated el ion organized and operated el ion organized and operated el ion organized and operated el ion organized and operated el ion organized and operated el ion organized and operated el ion organized and operated el ion organized and operated el ion organized and operated el ion organized and operated el ion organized and operated el ion organized and operated el ion organized and operated el ion organized and operated el ion organized and operated el ion organized and operated el ion organized and operated el ion organized and operated el ion organized and operated el ion organized and operated el ion organized and operated el ion organized and operated el ion organized and operated el ion organized and operated el ion organized and operated el ion organized and operated el ion organized and operated el ion organized and operated el ion organized and operated el ion organized and operated el ion organized and operated el ion organized and operated el ion organized and operated el ion organized and operated el ion organized and operated el ion organi	Status (All organizations it is: (Please check only one organization of churches described in A)(ii). (Attach Schedule E.) e organization described in section conjunction with a hospital de described or university owned or il.)	must c ganization section 1 on 170(b) scribed in coperated ction 170( n a govern c) ort from co exceptions ome (less Complete c. See sec erform the tion 509(a n and com ally Integra or indirec cly suppor	omplete  ) (70(b)(1)(A)(iii) section by a gove (b)(1)(A)(v mental ur ontribution , and (2) r section 5 Part III.) etion 509( functions a)(1) or se plete lines ated thy by one rted organ	A)(i).  i. (Attachinological (A)(b)(1)  ernmentation from the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of	o Schedu)(A)(iii).  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g		organization, Since August following per	check this box the organizate 17, 2006, has the organizate rsons?	on accepted any gift or contribution	 on from a	 ny of the						Yes	No	
			below, the governing body of	_	ar porcorn	3 40301100	.a ()				11g(i)	<del></del>	<u> </u>	
			member of a person describe	• • • • • • • • • • • • • • • • • • • •		•••	• • • •		• • • •		11g(ii	T		
		• •	controlled entity of a person de		• ••	• • • • • •			• • • • • •	• • • • •	11g(ii			
h				e organizations the organization		• • • • • • • • • • • • • • • • • • • •	• •		• • • •	• • • • •			·	
		of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) is the o	organization isted in your document?	the organ	ou notify nization in of your port?	organizat (i) organi	Is the tion in col ized in the S?	sup	nount of		
					Yes	No	Yes	No	Yes	No				
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che		RISBURG F						Page 2	2
Pa	Support Schedule for O				(1)(A)(iv) and	170(b)(1)(A	)(vi)		_
5	(Complete only if you che	cked the box (	on line 5, 7, or	8 of Part I.)					_
	tion A. Public Support	I			r				_
Cal	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.")								
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								
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)								
6	Public support. Subtract line 5 from line 4								Ī
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		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								_
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.)  Total support. Add lines 7 through 10								_
2	Gross receipts from related activities, etc. (	see instructions)	<del></del>	<u> </u>	£	<u> </u>	12		-
3	First five years. If the Form 990 is for the	, ,	second third fourt	horfifth tax vear a		∟ (3)			-
	organization, check this box and stop here	~	occoria, ama, roare	ii, or mar wx your c	10 4 50011011 50 1(0)	(0)		<b>▶</b> [	
Sec	tion C. Computation of Public Su		age	· · ·	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<del>- : · ·</del>	<u> </u>	_
4	Public support percentage for 2008 (line 6,	• • • • • • • • • • • • • • • • • • • •	_	(f))			14	9/	<del>-</del>
5	Public support percentage from 2007 Sche						15	9/	
6a	33 1/3 % support test—2008. If the organi			 3 and line 14 is 33	1/3 % or more, ch	 eck this hox	.0		_
-	and <b>stop here.</b> The organization qualifies a			), and line 1413 00	170 70 01 111010, 011	cok tills box		▶ [	7
b	33 1/3 % support test—2007. If the organi				ie 33 1/3 % or mor	 e check this			_
•	box and <b>stop here</b> . The organization qualif			.n				▶ [	٦
7a	10%-facts-and-circumstances test—200	, ,	•	• • • • • • • • • • • • • • • • • • • •					_
···a	more, and if the organization meets the "fac	•			•				
	<u> </u>			-	•	v HOW UIC		▶ [	
b	organization meets the "facts-and-circumst 10%-facts-and-circumstances test—200"		•	, , , , ,	-	 no 15 ic 100/ c		•	_
	more, and if the organization meets the "fac	•		• •			•		
	organization meets the "facts-and-circumst			•	•			▶ [	
Ω	Private foundation. If the organization did							· • •	٦
8	r rivate iounidation. Il the organization did	HOLCHECK & DOX OF	ı iii e i ə, i oa, i ob,	ira, or irb, check	una pox and see i	1100 000115			_

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Page	,

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

500	(Complete only if you che	ecked the box o	n line 9 of Part	1.)							
	alendar year (or fiscal year beginning in)	T (5) 2004	(h.) 0005	4.3.0000		4 ) 00 00					
Ca	mendar year (or riscar year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total				
1	Gifts, grants, contributions, and					1					
	membership fees received (Do not include										
2	any "unusual grants.") Gross receipts from admissions, merchandise	537,120	547,924	544,235	168,378	324,543	2,122,200				
2	sold or services performed, or facilities										
	furnished in any activity that is related to the										
	organization's tax-exempt purpose	-				-					
3	Gross receipts from activities that are not an unrelated trade or business under section 513										
4	Tax revenues levied for the organization's										
	benefit and either paid to or expended on		1								
	ıts behalf										
5	The value of services or facilities	1									
	furnished by a governmental unit to the										
_	organization without charge										
6	Total. Add lines 1-5	537,120	547,924	544,235	168,378	324,543	2,122,200				
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons										
b	Amounts included on lines 2 and 3										
	received from other than disqualified persons that exceed the greater of 1% of		1								
	the total of lines 9, 10c, 11, and 12 for										
	the year or \$5,000										
С	Add lines 7a and 7b										
8	Public support (Subtract line 7c from	537,120	547,924	544,235	168,378	324,543					
	line 6.)	<u> </u>					2,122,200				
	ction B. Total Support										
	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total				
9	Amounts from line 6	537,120	547,924	544,235	168,378	324,543	2,122,200				
10a	Gross income from interest, dividends, payments received on secunties loans,	1									
	rents, royalties and income from similar	1 1									
	sources	2,606	7,882	8,768	5,383	1,394	26,033				
b	Unrelated business taxable income (less										
	section 511 taxes) from businesses										
	acquired after June 30, 1975	<u></u>									
C	Add lines 10a and 10b	2,606	7,882	8,768	5,383	1,394	26,033				
11	Net income from unrelated business activities not included in line 10b.										
	whether or not the business is regularly										
	carried on	<u> </u>									
12	Other income. Do not include gain or										
	loss from the sale of capital assets										
40	(Explain in Part IV.)				· · · · · · · · · · · · · · · · · · ·						
13	Total support. (Add lines 9, 10c, 11,	539,726	555,806	553,003	173,761	325,937					
	and 12.)	L	L	t_		1_	2,148,233				
14	First five years. If the Form 990 is for the organization, check this box and stop here		econa, tnira, tourtn,	or nith tax year as	a section 501(c)(3	)	. □				
Sec	tion C. Computation of Public Su			<del></del>		·· · · · · · · · · · · · · · · · · · ·	· · ·				
15	Public support percentage for 2008 (line 8,		<del>. X</del>	<u>.                                      </u>		15	98.7882 %				
16	Public support percentage from 2007 Sched	• • • • • • • • • • • • • • • • • • • •	•			16	99.0123 %				
	ction D. Computation of Investmen				· · ·	<u>.</u> 101.	33.0123 %				
17	Investment income percentage for 2008 (lin			ump (f)		17	1.2118 %				
18	Investment income percentage from 2007 S		•	· · · · · · · · · · · · · · · · · · ·		18	0.9877 %				
19a	_			and line 15 is mor		· · · · · · · · · · · · · · · · · ·	2.207. /0				
	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										
b	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						▶ □				
20	Private foundation. If the organization did	-	_	•			▶□				
				uno son una							

	orm 990 or 990-EZ) 2008	HARRISBURG				1818898	Page 4
Part IV		ormation. Complete					
	Part II, line 17a or	17b; or Part III, line	12. Provide a	any other additio	nal information. (	see instructions)	
•			•				
			•				
							•
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• -							• • • •
			• • • • • • • • • • • • • • • • • • • •				
•							
			•••				

* Form *99	<u>.</u>		Special E	vents S	chedule			2008
rom 33		For calendar year 2008,	or tax year beginning	_ 7	7/01/08 , and ending		6/30/0	
Name								er Identification Number
HARRISB	URG	PUBLIC SCHOOL	FOUNDATION				25-1	818898
_		(A)	(B)		(C)		Others	Total
Gross receipts		<u> 18,137</u>		<u> </u>		0	0	18,137
Less contribu	utions	0		<u> </u>		<u> </u>	0	0
Gross revenue	1	18,137		0		0	0	18,137
Less direct e	xpenses	2,139		0		0	0	2,139
		15,998		0		0	0	15,998
Description:	(A) (B) (C) Others	MOSAIC GALZ			-			
					-			

HPSF HARRISBURG PUBLIC SCHOOL FOUNDATION Federal Statements

·25-1818898

FYE: 6/30/2009

#### Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description		Amount
EXPENSES	\$	
TRAVEL	•	1,488
EARLY CHILDHOOD EDUCATION		266,400
SBI PROGRAM		1,350
SCHOLARSHIPS		5,550
WALLER LIBRARY		6,728
JOHNS HOPKINS SUMMER PROG		15,260
SCI TECH ROBOTICS		4,430
OTHER PROGRAM EXPENSES		5,230
CONTRACT SERVICES		33,150
FILING FEES		150
DUES AND SUBSCRIPTIONS		880
MISCELLANEOUS		861
PROFESSIONAL FEES		25,679
TOTAL	\$	367,156

HPSF HARRISBURG PUBLIC SCHOOL FOUNDATION

1.25-1818898

**Federal Statements** 

FYE: 6/30/2009

## Statement 2 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description

DEVELOPMENT OF PARTNERSHIPS AND PROGRAMS WHICH FACILITATE COMMUNITY PARTICIPATION TO IMPROVE ACADEMIC LEVELS, AND TO PROMOTE THE LEADERSHIP AND PERSONAL DEVELOPMENT OF STUDENTS WITHIN THE HARRISBURG PUBLIC SCHOOLS.

Form **8868** 

Department of the Treasury

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OME	NI-	1545	4700

Form **8868** (Rev 4-2009)

intern	ai Kevenue	Service						
• 1	f you are	iling for an Automatic 3-Month Extension, complete only Part I and check this box		<b>▶</b> X				
		iling for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form	•					
		ete Part II unless you have already been granted an automatic 3-month extension on a previously filed Fo		·				
Pa	art I	Automatic 3-Month Extension of Time. Only submit original (no copies needed	).					
	rporation i I only	equired to file Form 990-T and requesting an automatic 6-month extension—check this box and complete		•				
		rations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an exterime tax returns.	ision of					
one de cetur	of the retu ronically it ns, or a co	ng (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of tirns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 86 (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870 pmposite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Page 2) and stalls are the electronic files of the form 990-T.	68 group t II) of For	m				
		e details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonpro						
Type		Name of Exempt Organization	Employ	er identification number				
print		HARRISBURG PUBLIC SCHOOL FOUNDATION	25-1818898					
due d filing y	Number, street, and room or suite no. If a P O box, see instructions.							
return	ctions							
<u>x</u>	Form 99 Form 99 Form 99	0-BL Form 990-T (sec. 401(a) or 408(a) trust) 0-EZ Form 990-T (trust other than above)		Form 4720 Form 5227 Form 6069 Form 8870				
• I • I for th	Telephone f the orga f this is fo ne whole g	are in the care of ► GARY MANLEY  No. ► 717-763-6415  FAX No ►  nization does not have an office or place of business in the United States, check this box  r a Group Return, enter the organization's four digit Group Exemption Number (GEN)  roup, check this box  ► ☐ If it is for part of the group, check this box  ames and EINs of all members the extension will cover	. If this is attach	. ▶ □				
1	until for the o	t an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time $2/15/10$ , to file the exempt organization return for the organization named above. The extension is required to return for or calendar year or tax year beginning $7/01/08$ , and ending $6/30/09$						
2	If this ta	c year is for less than 12 months, check reason: Initial return Final return Change	in accounting period					
3a	If this ap	plication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,						
	less any	nonrefundable credits. See instructions	3a	\$				
b	If this ap	plication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax						
		s made. Include any prior year overpayment allowed as a credit.	3b	\$				
С		Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,						
		with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment	20	•				
<u></u>		. See instructions.	3c	I ♥				
	_	I are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879 structions.	EU					

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868	3 (Rev. 4-2009)			Page 2					
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box									
	complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868	j							
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).									
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).									
Type or	Name of Exempt Organization		Employer identification number						
print									
File by the	HARRISBURG PUBLIC SCHOOL FOUNDATION 2	25-1818898							
extended due date for filing the	Number, street, and room or suite no If a P.O box, see instructions.  P.O. BOX 54	For IRS use only							
return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  HARRISBURG  PA 17108								
X Form	ne of return to be filed (File a separate application for each return)         Form 990-PF         Form 1041-A           n 990-BL         Form 990-T (sec 401(a) or 408(a) trust)         Form 4720           n 990-EZ         Form 990-T (trust other than above)         Form 5227			Form 6069 Form 8870					
STOP! Do	not complete Part II if you were not already granted an automatic 3-month extension on a previously filed I	orm 8	868.	·					
The bo	ooks are in the care of  GARY MANLEY								
Telephone No. ▶ 717-763-6415 FAX No ▶									
If the c	organization does not have an office or place of business in the United States, check this box	_		▶ 📙					
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)      If this is									
for the whole group, check this box  If it is for part of the group, check this box  and attach a									
list with the names and EINs of all members the extension is for									
4 I req	I request an additional 3-month extension of time until 5/15/10								
5 For	calendar year , or other tax year beginning 7/01/08, and ending 6/30/09								
6 If the	s tax year is for less than 12 months, check reason 🔲 Initial return 🔛 Final return 🔲 Change in a	ccount	ing per	iod					
	e in detail why you need the extension DITIONAL TIME IS REQUESTED TO GATHER INFORMATION TO PRE	na in	T 3	CONDI EME					
	D ACCURATE RETURN.	PAR	Ė.A	COMPLETE					
8a If thi	s application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,								
	any nonrefundable credits. See instructions	8a	\$						
	s application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and	Ju		<del></del>					
	nated tax payments made. Include any prior year overpayment allowed as a credit and any								
	unt paid previously with Form 8868	8b	\$						
	ince Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit			<del></del>					
	FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	s						
	Signature and Verification		<u> </u>	<del></del>					
	ties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my known tect, and complete, and that I am authorized to prepare this form	wledge	and be	ef,					
Signature Title			Date •						

Form **8868** (Rev 4-2009)