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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

<u>A</u> _	For th	e 2008 ca	alendar	year, c	or tax yea	ar begin	ınıng	<u>09/C</u>)1 ,	2008, ai	na enaing	9		00/3		, 20		
В	Check if a	applicable	Please		e of organ	ization H	ligher E	ducation	Servicin	g Corpo	oration			╝	Emplo	yer ident	ification r	
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$\overline{\Box}$	Applicatio	n pending	F Nan	me and a	address of	principal	officer.	Kathryn	Bryan				H(a) is	this a g	roup return	n for affiliate	s ² □Yes	☑ No
			same	as abo	ove			·									Yes	
ī	Tax-exe	empt status	s 📝 5	501(c) (3) ∢ (insi	ert no)	4947	(a)(1) or	<u> </u>				lf	"No,"	attach a	list (see	instructio	ns)
J	Websi	te: ►										lı	H(c) Grou	nb exe	mption nu	mber ▶		
K	Type of	organization		oration 🗀	Trust 🗆	Association	n 🗌 Oth	er ▶		L Year	of formation	on.	1978	M	State o	f legal do	micile. 1)	<u> </u>
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Fo	r Privac	y Act an	d Paper	rwork F	Reduction	n Act No	otice, se	e the sep	arate instr	uctions.		C	at No	1128	2Y	F	orm 990	(2008)

Par	t III Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission: HESC fosters quality servicing for student loans, encourages and promotes student enrollment a post-secondary level institutions and to the extent possible provide support for corporations, associations, trusts, foundations and institutions operated for purposes described in sections 170 (c) (2) and 501 (c) (3) of the code.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code) (Expenses \$9485030 including grants of \$) (Revenue \$13869035) Servicing and development of computer systems to service student loans. Provide maintenance support for loans held by Higher Education Authority. Collection of a small portfolio of post secondary education loans for students where costs were not covered by federal education assistance.
	(Code:) (Expenses \$ 88307 including grants of \$) (Revenue \$) Outreach activities to local and regional students preparing for post secondary education.
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses > \$ 9573337 (Must equal Part IX Line 25, column (B))

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	√	
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 candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	✓	
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 provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		✓
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		✓
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
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, IX, or X as applicable	11	✓	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	✓	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		✓
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		✓_
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		✓
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		1
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		1
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		√
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		√
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		✓
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		✓
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		✓
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	✓	
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		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		√
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
-	to defease any tax-exempt bonds?	24c		✓
d	J ,	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		✓
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		✓
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		✓
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	_	1

Pai	t IV Checklist of Required Schedules (continued)			
			Yes	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		1
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV.	28b		1
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	1	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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	1	
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		1
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		1
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		1
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		✓

Form **990** (2008)

Par	t 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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	✓	
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 73			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	``		, ,
	instructions)		6	. 3
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	اختث		
	this return?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		1
L	account)?	70	,,, .	V
D	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.	: I		
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		willia. J
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity			
•	Regarding Prohibited Tax Shelter Transaction?	5c	- 1	
6a	Did the organization solicit any contributions that were not tax deductible?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		0
	Organizations that may receive deductible contributions under section 170(c).		X X	
	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than			تستنق
	\$75?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	1	
	required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	, c	-, \	
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	,	€3	
	benefit contract?	7e	/	
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? $oxedsymbol{igspace}$	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h	- 8 -	8/8-A/76/8
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section		×	
		_		سننس
	organization, have excess business holdings at any time during the year?	8	-3.%	
	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		لنشد عند
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	_	
	Section 501(c)(7) organizations. Enter:		8,3	<u> </u>
	Initiation fees and capital contributions included on Part VIII, line 12		">{]	- }
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	·		
	Section 501(c)(12) organizations. Enter.	· [1	
	Gross income from members or shareholders	1		
	Gross income from other sources (Do not net amounts due or paid to other sources against	1	I	
	amounts due or received from them.)			
12a		12a		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b			ļ

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

Section A. Governing Body and Management

Sec	tion A. Governing Body and Management	-		
	ı		Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, 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			1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		√
_	Did the organization become aware during the year of a material diversion of the organization's assets?	5		√
5		6		\
6	Does the organization have members or stockholders?			
7a		7a		1
_	of the governing body?	7b		'
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			** 5
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following	8a		السنمسن
<u>a</u>	The governing body?	8b		
b	Each committee with authority to act on behalf of the governing body?		•	
9a	Does the organization have local chapters, branches, or affiliates?	9a		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	OI.		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	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		-
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 mailing address? If "Yes," provide the names and addresses in Schedule O	11		✓
Sec	tion B. Policies			
			Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		,	
	rise to conflicts?	12b	✓	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		,	
	describe in Schedule O how this is done	12c	√	
13	Does the organization have a written whistleblower policy?	13	√	
14	Does the organization have a written document retention and destruction policy?	14	✓	
15	Did the process for determining compensation of the following persons include a review and approval by	. 32		:3:31
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision.			
а	The organization's CEO, Executive Director, or top management official?	15a	✓_	
b	Other officers or key employees of the organization?	15b	✓	L
	Describe the process in Schedule O. (see instructions)		N Ø	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	<u> </u>	✓
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	<u> </u>		
	the organization's exempt status with respect to such arrangements?	16b		_✓_
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c			
	available for public inspection. Indicate how you make these available. Check all that apply	,	• •	
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest	
- 🕶	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds o	f the	
	organization. ► See Statement 1			

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

Check this box if the organization did not compensate any officer, director, trustee, or key emplements (A) (B) (C) (D) Name and Title Average Position (check all that apply) Reportable									(E)	(F)
Name and Title	Average		on (d	checi	k all	that ar	ply)	Reportable	Reportable	Estimated
	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)	amount of other compensation from the organization and related organizations
Ken Woods Board President	- 1	1						1200		
Marion Jacob Board President Emeritus	0	1								
Dr Jerry Lytle Board Vice President	1	1						1200		
Judy Schneider Board Secretary / Treasurer	1	1						1200		
June Hagler Board Member	1	1	ļ					1200		
Kathryn Bryan Executive Director	40			1	1	1		256781		33138
Philip Wambsganss Associate Executive Director/Industry Rel	40							127040		21190
Rhonda Huntley Director of System Development	40							108146		18853
Sharon Newkirk Controller	40							108238		18589
Kim Eisenhour Director of Originations	40							100262		17827
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Part VII Section A. Officers, Directors, Tr	ustees, Key	/ Emp	loy	ees,	, an	d Hig	hes	t Compensate	Employee	s (continued)
(A)	(B)			(4	C)			(D)	(E)	(F)
Name and title	Average	Positi	on (chec	k all	that ap		Reportable	Reportable compensati	
	hours per week	or Indi	İnst	Officer	ě	a Fig	Former	compensation from	from relate	ed other
		Individual trustee or director	nstitutional trustee	er e	em	hest	ner	the organization	organizatio (W-2/1099-M	
		학교	onal		employee	ြိန္		(W-2/1099-MISC)	(** 2 :000 !!	organization
		uste	훒		8	₽				and related organizations
		, ā	è			Highest compensated employee				
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1b Total					<u> </u>		>	705267		109597
2 Total number of individuals (including the	se in 1a) wh	no rec	eiv	ed r	nor	e thar	1 \$1	00,000 in repo	rtable com	pensation from the
organization ► 5										
										Yes No
3 Did the organization list any former office							oye	e, or highest c	ompensate	d
employee on line 1a? If "Yes," complete										. 3 ✓ n
4 For any individual listed on line 1a, is the										
the organization and related organizations individual.	greater tha	ın Dı:	5U,C	,00	(11	res,	COI	mpiete Scheau	ie J for suc	4 1
5 Did any person listed on line 1a receive	or accrue	com	oen	satı	on ·	from	 anv	unrelated org	anization fo	7.6%
services rendered to the organization? If	"Yes," com	olete	Sch	edu	ile .	for s	uch	person .		. 5 🗸
Section B. Independent Contractors										
1 Complete this table for your five highest	compensate	d ind	epe	ende	ent o	contra	ıcto	rs that receive	d more thai	า \$100,000 of
compensation from the organization.	·							<u> </u>	····	
(A) Name and business ad	ldress							(B) Description of s	ervices	(C) Compensation
Edfinancial Services, PO Box 36014 Knoxvil		`					80	ervice Bureau		3173363
Val-Tech, 5080 Spectrum Dr, Ste 700 Addisc							-	evelopment		2005338
Nelnet Loan Services 1215 13th St Ste 201 L			1				-	rvice Bureau		941974
5280 Solutions, 457 New Karner Rd Albany								stem Provide	r	494066
Direct Mail Partners, 1505 Wallace #154 Car		75006	<u> </u>				_	ostage / Printir		290655
2 Total number of independent contractors		those	in	1) v	vho	recei	ved	more than \$1	00,000 in	
compensation from the organization ▶										*

Part	: VII	Statement of Re	evenue			T		T
				*	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns Membership dues . Fundraising events . Related organizations Government grants (contr All other contributions, gifts, and similar amounts not included total. Add lines 1a–1f	grants, uded above 1f	150 150	150			5
Program Service Revenue	2a b c	Loan Servicing Loan Billing Fees Origination Servicing Student Loan Income		900099 900099 900099 900099	8380483 4057407 1203780 227364	8380483 4057407 1203780 227364		
Program Se	e f g	All other program servi	ice revenue .			227304	**************************************	8 / 9 · 4 · 4 · 1
	3 4 5	Investment income (incother similar amounts) Income from investment of Royalties	of tax-exempt bon	d proceeds	106180			106180
	b	Gross Rents Less: rental expenses Rental income or (loss) Net rental income or (lo	(i) Real	(II) Personal			42	
	7a	Gross amount from sales of assets other than inventory Less. cost or other basis	(i) Securities	(ii) Other				
_		and sales expenses . Gain or (loss) Net gain or (loss)		. , . ▶				
Other Revenue		Gross income from events (not including \$ of contributions reporte See Part IV, line 18 Less: direct expenses	d on line 1c)					
ð		Net income or (loss) from Gross income from gam See Part IV, line 19	ning activities.	vents ►	* * *			
	С	Less: direct expenses, Net income or (loss) fro	b om gaming activ	ities ▶				
	b	Gross sales of inverteurns and allowances Less. cost of goods so Net income or (loss) from	s a old b m sales of invento		\$ 1 m			
				Business Code				
		Total Revenue. Add III 9c, 10c, and 11e	nes 1h, 2g, 3, 4,	5, 6d, 7d, 8c,	13975364	13869034		106180

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete colu	ımn (A) but are not	required to comp		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and 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				
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	294719	144960	149759	
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	2929821	2555013	374808	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	414362	357734	56628	
9	Other employee benefits	329315	277934	51381	-
10	Payroll taxes	225053	185752	39301	
11	Fees for services (non-employees):	96018	81601	14417	
	Management	11575	3014	8561	
	Legal	76168	64168	12000	
	Accounting	650	04700	650	
	Lobbying	030			
	Professional fundraising services. See Part IV, line 17		*		
	Investment management fees				
-	Other	5420	5420		
12 13	Advertising and promotion	527675	443944	83731	
14	Information technology	170033	159430	10603	
15	Royalties				
16	Occupancy	477473	448368	29105	
17	Travel	56218	47146	9072	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	_			_
19	Conferences, conventions, and meetings .	525		525	
20	Interest	30722	30722		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	142863	120005	22858	
23	Insurance	38744	32545	6199	
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.)				
а	See Statement 1	4619102	4615581	3521	
b					
C					
d					
e	All other expenses				
25	All other expenses Total functional expenses. Add lines 1 through 24f Joint Costs. Check here ▶ ☐ if following	10446456	9573337	873119	
26	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				5 990 (2008

1 Cash—non-interest-bearing 300 1 300 1 300	Pa	rt X	Balance Sheet					
2 Savings and temporary cash investments 3260074 2 2 2 2 2 2 2 2 3 3				(A) Beginning of year		En	(B) d of yea	r
2 Savings and temporary cash investments. 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, or other related partles. Complete Part II of Schedule L. 6 Receivables from current and former officers, directors, trustees, key employees, or other related partles. Complete Part II of Schedule L. 7 Notes and loans receivable, net 8 Inventiones for sale or use 9 Prepated expenses and deferred charges 10a Investments—publicly traded securities 11b Less, accumulated deprecation. Complete Part IV of Schedule D. 11 Investments—publicly traded securities 12 Investments—publicly traded securities 13 Investments—publicly traded securities 14 Intangible assets 15 Cother assets. See Part IV, line 11 15 Cother assets. See Part IV, line 11 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 10 Tave-exempt bond liabilities. Add lines 1 through 15 (must equal line 34) 10 Deferred revenue 10 Tave-exempt bond liabilities. Add lines 1 through 15 (must equal line 34) 10 Deferred revenue 10 Tave-exempt bond liabilities. Add lines 1 through 15 (must equal line 34) 10 Deferred revenue 10 Tave-exempt bond liabilities. Add lines 1 through 15 (must equal line 34) 11 Escrow account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, lighest compensated employees, and disqualified persons. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, lighest compensated employees, and disqualified persons. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, lighest compensated employees, and disqualified persons. Complete Part IV of Schedule D 23 Total liabilities. Add lines 33 and 34. 24 Unrestructed net assets 25 Total liabilities. Add lines 17 through 29, and lines 33 and 34. 26 Tartinations that follow SFAS		1	Cash—non-interest-hearing	300	1			300
3 Piedges and grants receivable, net 531061 4 654361 4 Accountrs receivable, net 531061 4 654361 5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L 5 6 Receivables from other disqualified persons (as defined under section 4958(f(1)) and persons described in section 4958(c(3)(8). Complete Part II of Schedule L 7 7 Notes and loans receivable, net 7 8 Inventiones for sale or use 7 7 8 Prepaid expenses and deferred charges 10a 10a 962018 9 Less, accumulated deprecation. Complete Part II of Schedule D 10b 729031 237743 10c 232987 10 Lab, buildings, and equipment: cost basis 10a 962018 11 Investments—other securities. See Part IV, line 11 11 11 12 12 12 11 Investments—other securities. See Part IV, line 11 11 12 13 14 14 14 15 14 15 14 15 14 15 14 15 15				3260074	2		296	6005
A Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L 6 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L 7 Rotes and loans receivable, net 7 Notes and loans receivable, net 8 Investments—other or sale or use 9 Prepad expenses and deferred charges 10a Land, buildings, and equipment: cost basis 10b Less, accumulated deperication. Complete Part VI of Schedule D 11 Investments—publicly traded securities 12 Investments—publicly traded securities 13 Investments—other securities. See Part IV, line 11 13 Investments—other securities. See Part IV, line 11 14 Intample assets 15 Other assets. See Part IV, line 11 15 Ad5611 13 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 17 Accounts payable and accrued expenses 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 Degrated mortgages and notes payable to unrelated third parties 10 Unrestricted net assets 10 Capital subtities. Add lines 17 through 25 10 Total liabilities. Add lines 17 through 25 10 Total liabilities. Add lines 17 through 25 10 Total liabilities. And lines 37 through 34 10 Capital stock or trust follow SFAS 117, check here ▶ □ and complete lines 27 through 29, and lines 33 and 34. 10 Capital stock or trust pancial, or current funds 10 Payables to current funds 10 Payables to current fund assets/fund balances 10 Organizations that follow SFAS 117, check here ▶ □ and complete lines 30 through 34 10 Capital stock or trust pancial, or current funds 11 Payables to current and former officers, unrelated third parties 12 Permanently restricted net assets 13785768 33 17					3			-
Faceivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L			<u> </u>	531061	4		6:	4361
8 Receivables from other disqualified persons (as defined under section 4958(n)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 7 Notes and loans receivable, net 1 7 Notes and loans receivable, net 1 7 Notes and loans receivable, net 1 8 Newtones for sale or use 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 10 Land, buildings, and equipment cost basis 10 Less, accumulated depreciation. Complete Part VI of Schedule D 1 Investments—publicly traded securities 1 Investments—publicly traded securities 1 Investments—other securities. See Part IV, line 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Receivables from current and former officers, directors, trustees, key		5			-
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Preplate expresses and deterred charges 10a	ISS	_		44007		-	4.	
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23 Secured mortgages and notes payable to unrelated third parties	es	21			21	<u> </u>		
23 Secured mortgages and notes payable to unrelated third parties	iabiliti	22	Payables to current and former officers, directors, trustees, key					
24 Unsecured notes and loans payable 25 Other liabilities. Complete Part X of Schedule D 25 Total liabilities. Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 26 84017 26 1397717 Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 29 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 Septiment of the audit, review, or complete the Form 990: ☐ Cash ☑ Accrual ☐ Other 2a Were the organization's financial statements audited by an independent accountant? 2b Vere the organization's financial statements audited by an independent accountant? 2c Vere Were the organization's financial statements and selection of an independent accountant? 2b ✓ 1 Standard and the sesuit of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	_		persons. Complete Part II of Schedule L					
Other liabilities. Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. Capital stock or trust principal, or current funds Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances Total liabilities and net assets/fund balances Accounting method used to prepare the Form 990: Cash Accrual Other Were the organization's financial statements audited by an independent accountant? If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? Organizations that follow SFAS 117, check here and and and 34. 13785768 27 17314676 28 13785768 27 17314676 30 31 229 Organizations that do not follow SFAS 117, check here and 30 32 33 Total net assets or fund balances 13785768 33 17314676 34 Total liabilities and net assets/fund balances 13785768 33 17314676 34 Total liabilities and net assets/fund balances 13785768 33 17314676 32 Total liabilities and net assets/fund balances 13785768 33 17314676 34 Total net assets or fund balances 13785768 33 17314676 34 Total net assets or fund balances 13785768 33 17314676 34 Total net assets or fund balances 13785768 33 17314676 29 Organizations that do not follow seasons fund and and and and and and and and and a		23		1940403		<u> </u>	61	4020
Total liabilities. Add lines 17 through 25 Corganizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Corganizations that do not follow SFAS 117, check here ▶ ☑ and complete lines 30 through 34. Corganizations that do not follow SFAS 117, check here ▶ ☑ and complete lines 30 through 34. Capital stock or trust principal, or current funds Retained earnings, endowment, accumulated income, or other funds Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances Total net assets or fund balances Total liabilities and net assets/fund balances Total net assets or fund		24				ļ		
Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets			Other liabilities. Complete Part X of Schedule D					
Temporarily restricted net assets		26	Total liabilities. Add lines 17 through 25		26		139	7717
Permanently restricted net assets Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 13785768 33 17314676 16469785 34 18712393 Part XI Financial Statements and Reporting Accounting method used to prepare the Form 990: Cash Accounting the form of the form of the fo	ces		Organizations that follow SFAS 117, check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.					
Permanently restricted net assets Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 13785768 33 17314676 16469785 34 18712393 Part XI Financial Statements and Reporting Accounting method used to prepare the Form 990: Cash Accounting the form of the form of the fo	an	27	Unrestricted net assets	13785768			1731	4676
Permanently restricted net assets Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 35 Total liabilities and net assets/fund balances 36 Total liabilities and net assets/fund balances 37 Total liabilities and net assets/fund balances 38 Total liabilities and net assets/fund balances 39 Total liabilities and net assets/fund balances 30 Total liabilities and net assets/fund balances 30 Total net assets or fund balances 313785768 33 17314676 34 Total liabilities and net assets/fund balances 36 Total liabilities and net assets/fund balances 30 Total net assets or fund balances 30 Total net assets or fund balances 313785768 33 17314676 32 Total liabilities and net assets/fund balances 31 Total net assets or fund balances 32 Total net assets or fund balances 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 35 Total net assets or fund balances 36 Total net assets or fund balances 37 Total net assets or fund balances 38 Accounting method used to prepare the Form 990: □ Cash □ Accounting of the organization's financial statements compiled or reviewed by an independent accountant? 30 Vers the organization's financial statements audited by an independent accountant? 39 Vers No 20 Vers the organization's financial statements and selection of an independent accountant? 20 Vers Vers No 21 Vers No 22 Vers No 23 Vers No 24 Vers No 25 No 26 Vers No 27 No 28 No 29 No 20 Vers No 20 Vers No 20 Vers No 20 Vers No 20 Vers No 21 No 22 Vers No 22 Vers No 23 No 24 No 25 No 26 No 27 No 28 No 29 No 20 Vers No 20 Vers No 20 Vers No 20 Vers No 20 Vers No 21 No 22 Vers No 23 No 24 No 25 No 26 No 27 No 28 No 28 No 29 No 20 No 20 Vers No 20 Vers No 20 Vers No 20 Vers No 20 Vers No 20 Vers No 2	Ва	28	Temporarily restricted net assets		28			
30 Capital stock or trust principal, or current funds	P				29			
30 Capital stock or trust principal, or current funds	or Fu		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.					
Part XI Financial Statements and Reporting Total liabilities and net assets/fund balances 16469785 34 18712393		30	Capital stock or trust principal, or current funds		30			
Part XI Financial Statements and Reporting Total liabilities and net assets/fund balances 16469785 34 18712393	se		, , ,		31			
Part XI Financial Statements and Reporting Total liabilities and net assets/fund balances 16469785 34 18712393	۲		· · · · · · · · · · · · · · · · · · ·		32			
Part XI Financial Statements and Reporting Total liabilities and net assets/fund balances 16469785 34 18712393	et			13785768	33		1731	4676
Part XI Financial Statements and Reporting 1 Accounting method used to prepare the Form 990: □ Cash ☑ Accrual □ Other 2a Were the organization's financial statements compiled or reviewed by an independent accountant? b Were the organization's financial statements audited by an independent accountant? c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			* A-1 B-1 B-1 B-1 B-1 B-1 B-1 B-1 B-1 B-1 B					
1 Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☐ Other 2a Were the organization's financial statements compiled or reviewed by an independent accountant?	Pa	rt XI	Financial Statements and Reporting	· · · · · · · · · · · · · · · · · · ·			-	
2a Were the organization's financial statements compiled or reviewed by an independent accountant?							Yes	No
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	1	Acco	ounting method used to prepare the Form 990: Cash Accru	al 🗌 Other		*	1	
b Were the organization's financial statements audited by an independent accountant? c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a ✓					2	2	a	<u> </u>
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?					•••			
the audit, review, or compilation of its financial statements and selection of an independent accountant?					siaht a			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	·			-	_		c 🗸	
the Single Audit Act and OMB Circular A-133?	За						<u> </u>	
							a	1
	b							L

SCHÈDULE 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

2008

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Hig	her	Education S	ervicing Corpo	ration					75		1661098	
Pa	rt I	Reason	for Public Ch	narity Status (All or	ganizatio	ons mus	t compl	ete this	part.) (se	e instru	ctions)	
The	orga	anization is n	ot a private four	ndation because it is:	(Please o	heck onl	y one org	ganizatio	า.)			
1		-		irches, or association			ribed in s	section 1	70(b)(1)(A)(i).		
2				on 170(b)(1)(A)(ii). (At								
3				hospital service organ								
4			-	ation operated in conj ate:		with a ho	spital de	scribed i	n sectior	170(b)(1)(A)(iii). Er	ter the
5		•	tion operated for (b)(1)(A)(iv). (Co	r the benefit of a colle mplete Part II.)	ge or uni	versity ov	wned or o	operated	by a gov	ernmenta	l unit desc	rıbed ir
6		A federal, st	ate, or local gov	ernment or governme	ental unit	describe	d in sect	ion 170(l	b)(1)(A)(v)).		
7		-		y receives a substantia (1)(A)(vi). (Complete F		its suppo	ort from a	governm	nental uni	t or from	the genera	ıl public
8		A community	y trust described	d in section 170(b)(1)	(A)(vi). (C	Complete	Part II.)					
9		receipts from	n activities relate n gross investm	y receives: (1) more the ed to its exempt func- ient income and unre n after June 30, 1975.	tions—su lated bus	bject to d siness ta	certain ex xable inc	ceptions come (les	s, and (2) s section	no more	than 331/3 1	% of its
1		An organizar	tion organized a	nd operated exclusive and operated exclusive blicly supported organ	ely for th	ne benefi describe	t of, to p d in secti	perform to ion 509(a	he functi)(1) or sec	ons of, o	r to carry (a)(2). See:	out the
				at describes the type								
е	Ø	persons other	this box, I cer	tify that the organization managers and othe	tion is no	ot control		tly or inc	directly by	y one or		ualified
					f	45 - IDO :	AL-A-A:-	- T	. T	T	101	
f		_		a written determinati	ion irom	the IRS	that it is	a Type	ı, rype ii	, or type	ili suppo	rung r
		•	, check this box	the organization acce	 ented any	 . auft or c	ontribution	on from s	 inv of the			. L
g		following pe		the organization acce	prod any	gilt of c	on in ibutio	JII 110111 C	ary or are	•		
		(i) A persor	who directly o	r indirectly controls, ening body of the sup		-		th persor	ns describ	oed in (II)	11g(i)	s No ✓
			-	erson described in (i) a							11g(ii)	1
				of a person described							11g(iii)	1
h		Provide the	following inform	ation about the organ	izations t	the organ	ization s	upports.				
(i)		e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) lis	organization sted in your document?	the orgai	rou notify nization in of your port?	organizat	s the ion in col zed in the S ?	(vii) Amo suppe	
				, "	Yes	No	Yes	No	Yes	No		
City	of A	rlington TX	756004503	6	✓			1	√			0
City	of D	enton TX		6								
			756000514		√			✓	✓			0
-												
								\$;	2,5	1,77		
			ī	1	l .	1	i			/ //	i	

Total

0

Par	Support Schedule for Org					and 170(b)(1	I)(A)(vi)
200	(Complete only if you chection A. Public Support	ked the box	On line 5, 7, 0	or our Part I.	·)		
	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Ua	iendal year (or liscal year beginning iii)	(a) 2004	(b) 2003	(C) 2000	(u) 2001	(e) 2000	(i) 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.					<u> </u>	<u> </u>
	tion B. Total Support	(-) 0004	(1.) 0005	(-) 0000	(-1) 0007	(-) 0000	(6) T-4-1
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						
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)						
11	Total support. Add lines 7 through 10 .		<u> </u>			ļ	<u> </u>
12	Gross receipts from related activities, etc	•	•			12	
13	First five years. If the Form 990 is for organization, check this box and stop he		on's first, secor				on 501(c)(3)
Sec	tion C. Computation of Public Su	pport Perce	ntage				
14	Public support percentage for 2008 (line	6, column (f) d	ivided by line 1	1, column (f))		14	%_
15	Public support percentage from 2007 Sci	nedule A, Part	IV-A, line 26f			15	%
	33% % support test—2008. If the organiand stop here. The organization qualifies	as a publicly	supported orga	nization			▶ □
b	33% % support test—2007. If the organization quality box and stop here. The organization quality						_
l7a	10%-facts-and-circumstances test — 20 more, and if the organization meets the "forganization meets the "facts-and-circum	acts-and-circui	mstances" test,	check this box	and stop here	. Explain in Part	IV how the
b 18	10%-facts-and-circumstances test—2007 more, and if the organization meets the "forganization meets the "facts-and-circumstate Private foundation. If the organization did	acts-and-circun inces" test. The	nstances" test, o organization qua	check this box a alifies as a public	and stop here. bly supported or	Explain in Part ganization	IV how the

OCITE	2010 A (1 01111 330 01 330-EZ) 2006						. age o
Pai	Support Schedule for Orga (Complete only if you checke)(2)		
Sec	tion A. Public Support	d the box of	i line 9 oi Fa	<u> </u>			
	elendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 2	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
	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 its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5	·				<u> </u>	
	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 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 line 6.)						
Sec	tion B. Total Support						
Ca	llendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					-	
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for to organization, check this box and stop I	here					tion 501(c)(3) ▶ □
	Bublic support percentage for 2008 (lin		-	o 12 ook /	·6)	45	0/
15 16	Public support percentage for 2008 (lin Public support percentage from 2007 S	Schedule A, Pa	art IV-A, line 27		. , ,	15	<u>%</u> %
	tion D. Computation of Investmen						
17	Investment income percentage for 2008 Investment income percentage from 20				olumn (f)) .	17	<u>%</u> %
18 19a	331/4 % support tests-2008. If the orga	anization did n	ot check the b	ox on line 14, a		more than 33	√₃ %, and line
b	17 is not more than 33½ %, check this be 33½ % support tests—2007. If the organ	ox and stop he zation did not	e re. The organi check a box or	zation qualifies i line 14 or line	as a publicly 19a. and line 1	supported or	ganization ► □
~	line 18 is not more than 331/3 %, check this	box and stop	here. The orga	nization qualifies	s as a publicly	supported or	ganization 🕨 🗌

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

Schedule A (F	Form 990 or 990-EZ) 200	8					Page 4
Part IV	Supplemental	Information. Co or 17b; or Part I	mplete this pa	art to provide ovide any othe	the explanation and info	n required by brmation. (see	Part II, line 10; instructions)
				<u> </u>		<u>.</u>	
							
		•••••					
	·	***************************************					
· · · · · · · · · · · · · · · · · · ·							
							
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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ To be completed by organizations described below. Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

•	Section 501(c)(3) organizations Section 501(c) (other than sect	s," to Form 990, Part IV, line 3, or Form Complete Parts I-A and B Do not color to 501(c)(3)) organizations. Complete	omplete Part I-C.			
	Section 527 organizations: Cor	· ·				
•	Section 501(c)(3) organizations	s," to Form 990, Part IV, line 4, or Fo that have filed Form 5768 (election ur	nder section 501(h)).	Complete Part II-A	. Do no	ot complete Part II-B.
		that have NOT filed Form 5768 (elections," to Form 990, Part IV, line 5 (Prox		(h))· Complete Part	II-B. Do	o not complete Part II-A
•	Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III.				
Na	ame of organization			1	Employe	er identification number
	gher Education Servicing C				75	1661098
Pa		ed by all organizations exemptions for Schedule C for details.		n 501(c) and se	ction	527 organizations.
1	Provide a description of th	ne organization's direct and indirec	ct political campa	ign activities in Pa	art IV.	
2	Political expenditures .			·	\$	
3	Volunteer hours					
	MID To be severaled	- d b 11		504(-\(0\)		
Pe		ed by all organizations exem ions for Schedule C for details		on 50 ((c)(3).		
1	Enter the amount of any e	xcise tax incurred by the organiza	tion under section	n 4955	\$	0
2		xcise tax incurred by organization				
3		d a section 4955 tax, did it file For	m 4720 for this y	ear?		Yes . No
4a						· · 🗌 Yes 🔲 No
	If "Yes," describe in Part I			504/-\		4: 504(-)(0)
Ė		ed by all organizations exem nons for Schedule C for details		on builc), exce	ot sec	ction 501(c)(3).
1		expended by the filing organization	on for section 52	7 exempt function	u 🎉	
_	activities				► Ψ	
2	Enter the amount of the fill 527 exempt function activities	ing organization's funds contribute	~		n ▶ \$	
3	Total of direct and indirect	exempt function expenditures. A	dd lines 1 and 2 a	and enter here an	d	
		7b				<u></u>
4	Did the filing organization	file Form 1120-POL for this year?	'			. 🗌 Yes 📙 No
5	were made. Enter the amo contributions received and p	and employer identification numbe unt paid and indicate if the amour promptly and directly delivered to a see ee (PAC). If additional space is need	nt was paid from separate political o	the filing organiza	tıon's	funds or were political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid if filing organization funds If none, enter	า'ร	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
			- .		_	

Pac	e	2

						. uge =		
Pa	rt II-A To be completed by org (election under section					5768		
	Check ► ☐ if the filing organization belongs to an affiliated group. Check ► ☐ if the filing organization checked box A and "limited control" provisions apply.							
	Limits on Lo (The term "expenditures"		(a) Filing organization's totals	(b) Affiliated group totals				
1a b c d e	Total lobbying expenditures (add line Other exempt purpose expenditures Total exempt purpose expenditures (Lobbying nontaxable amount. Enter							
	columns. If the amount on line 1e, column (a) or (b) is Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000	20% of the ar \$100,000 plus \$175,000 plus	nontaxable amour nount on line 1e. : 15% of the excess : 10% of the excess : 5% of the excess	over \$500,000 over \$1,000,000				
g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a. Enter -0- if line g is more than line a								
	(Some organizations that r columns below. Se	nade a section		lo not have to co		five		
	Lobby	ing Expenditure	s During 4-Year	Averaging Period				
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total		
2a	Lobbying non-taxable amount							
b	Lobbying ceiling amount (150% of line 2a, column(e))							
c	Total lobbying expenditures							
d	Grassroots non-taxable amount							
e	Grassroots ceiling amount (150% of line 2d, column (e))		**					
f	Grassroots lobbying expenditures							

Pa	rt II-B To be completed by organizations exempt under section 501(c)(3) that has 5768 (election under section 501(h)). See the instructions for Schedule C fo			led Form
		(6	a)	(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
а				
b	· · · · · · · · · · · · · · · · · · ·	\vdash	√	·
C		\vdash	V	
d	3 · · · · · · · · · · · · · · · · · · ·		y	
e	,	1	•	650
f	Grants to other organizations for lobbying purposes?	V		0
g	, , , , , , , , , , , , , , , , , , , ,	_	√	
h :	, , , , , , , , , , , , , , , , , , , ,		7	
	-			650
J 2a			1	
	If "Yes," enter the amount of any tax incurred under section 4912		Ť	
c				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
	rt III-A To be completed by all organizations exempt under section 501(c)(4), sec section 501(c)(6). See the instructions for Schedule C for details.	tion	501(c)(5), or
	- Control of the cont			Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		•	2
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		-	3
Ра	rt III-B To be completed by all organizations exempt under section 501(c)(4), sec section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No' question 3 is answered "Yes." See Schedule C instructions for details.		if Pa	
1	Dues, assessments and similar amounts from members		1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).	s of		
	Current year		2a	
	Carryover from last year		2b	
C	Total		2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbe and political expenditure port			
5	and political expenditure next year?	•	<u>4</u> 5	
	rt IV Supplemental Information	· · · · · ·	5	
Con	replete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, o, complete this part for any additional information.	ine 5;	and	Part II-B, line 1i.
• • • • •				
			 .	

chedule C (Form 990 or 990-EZ) 2008								
Part IV	Supplemental Information (continued)							
		• • • • • • • • • • • • • • • • • • • •						
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		••••••						
								
	•							
		• • • • • • • •						
		• • • • • • • • •						

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Nam	ne of the organization		Employer ide	ntification number
Hig	gher Education Servicing Corporation		75	1661098
Pa	Organizations Maintaining Donor Advised Funds or Other Simuthe organization answered "Yes" to Form 990, Part IV, line 6.	ilar Fur	ds or Acco	unts. Complete if
	(a) Donor advised funds		(b) Funds ar	nd other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			, , , , , , , , , , , , , , , , , , ,
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that the assumed funds are the organization's property, subject to the organization's exclusive leg			
6	Did the organization inform all grantees, donors, and donor advisors in writing t used only for charitable purposes and not for the benefit of the donor or donor	advisor o	or other	
	impermissible private benefit?		<u> </u>	· Yes No
Pa	rt II Conservation Easements. Complete if the organization answered "		orm 990, Pa	art IV, line 7.
1		rvation of ervation of	f certified his	/ important land area toric structure
_	on the last day of the tax year.		11014001301	vation casement
	•		H	eld at the End of the Year
а	Total number of conservation easements		2a	
b	-			
c			1 - 1	
d		٠,	1 1	
3	Number of conservation easements modified, transferred, released, extinguished the taxable year ▶	d, or term	inated by the	e organization during
4	Number of states where property subject to conservation easement is located I	-		
5	Does the organization have a written policy regarding the periodic monitoring, in enforcement of the conservation easements it holds?			
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easen	nents dur	ing the year	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing easemen	ts during	the year ► \$	**************
8	Does each conservation easement reported on line 2(d) above satisfy the requir 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?			. 🗌 Yes 🗌 No
9	In Part XIV, describe how the organization reports conservation easements in its balance sheet, and include, if applicable, the text of the footnote to the organization's accounting for conservation easements.			
Pa	Organizations Maintaining Collections of Art, Historical Treasure Complete if the organization answered "Yes" to Form 990, Part IV, lie		her Similar <i>i</i>	Assets.
1a	If the organization elected, as permitted under SFAS 116, not to report in its revart, historical treasures, or other similar assets held for public exhibition, education provide, in Part XIV, the text of the footnote to its financial statements that described in the control of the control	n, or resea	arch in further	alance sheet works of ance of public service,
b	historical treasures, or other similar assets held for public exhibition, education, provide the following amounts relating to these items:	or resea	ch in furthera	ance of public service,
	(i) Revenues included in Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X			S
2	If the organization received or held works of art, historical treasures, or other stollowing amounts required to be reported under SFAS 116 relating to these ite.	ms:		71
a b				

	2
Jage	~

Par	t III Organizations Maintainin	g Collections o	of Art, Hi	storica	l Treasures,	or Ot	ther Similar Ass	sets (continued)
3	Using the organization's accession a items (check all that apply):	nd other records	, check a	any of th	ne following th	at are	a significant us	e of its collection
а	Public exhibition		d		oan or exchan			
b	Scholarly research		е		other			••
C	☐ Preservation for future generation							
4	Provide a description of the organiza Part XIV.	tion's collections	and exp	lain how	they further t	he or	ganization's exer	npt purpose in
5	During the year, did the organization so assets to be sold to raise funds rather	than to be mainta	ined as p	art of the	e organization's	colle	ction?	Yes No
Par	Trust, Escrow and Custo Part IV, line 9, or reported					ansv	vered "Yes" to F	orm 990,
							other assets not	☐ Yes ☐ No
b	If "Yes," explain the arrangement in I	Part XIV and com	nplete the	e followi	ng table:		1	
						<u> </u>	Am	ount
C	Beginning balance					1c		· · · · · · · · · · · · · · · · · · ·
þ	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f	1	
	Did the organization include an amount of "Yes," explain the arrangement in	Part XIV.				• •		∐ Yes ∐ No
Par	rt V Endowment Funds. Com					$\overline{}$		
	<u> </u>	(a) Current year	(b) Pric	or year	(c) Two years b	ack ((d) Three years back	(e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Investment earnings or losses		-;					
d	Grants or scholarships			400	<u> </u>		Ŷ	<u> </u>
е	Other expenditures for facilities and programs							×.
f g	Administrative expenses End of year balance							*
2	Provide the estimated percentage of	the year end bal	ance hele	d as:				
а	Board designated or quasi-endowme							
b	Permanent endowment ▶	%						
С	Term endowment ▶%							
3a	Are there endowment funds not in the	possession of th	e organiz	ation tha	at are held and	admi	nistered for the	
	organization by	•	_					Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
	If "Yes" to 3a(II), are the related orga							3b
4	Describe in Part XIV the intended use							
Par	t VI Investments—Land, Bui	ldings, and Eq	uipment	t. See F	orm 990, Par	t X, II	ine 10.	
	Description of investment	(a) Cost or oth (investme			st or other s (other)	(c) D	epreciation	(d) Book value
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment	.		96	2018	7.	29031	232987
	Other	<u></u>						
Tota	I. Add lines 1a-1e (Column (d) should ed	jual Form 990, Pai	rt X, colur	nn (B), lu	ne 10(c)) .		▶	232987

Part VII Investments - Other Securities	See Form 990, Part X	, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
•			
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)		* 14 15	
Part VIII Investments—Program Relate	d See Form 990 Part X		Andrik W
(a) Description of investment type	(b) Book value	(c) Method of valu	
Student Loans	5646394	Cost less allowance for doub	tful loans
			·
			
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13) ▶			
Part IX Other Assets. See Form 990, Pa			
	(a) Description		(b) Book value
Deposits			20398
Total. (Column (b) should equal Form 990, Part X, co.	I. (B) line 15.)		20398
Part X Other Liabilities. See Form 990,			
(a) Description of liability	(b) Amount		
Federal income taxes			
	- · · ·		* * *
		* * *	
			**
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.) ▶		\dashv	-
TOTAL (COMMIN (D) SHOULD EQUAL FORTH 990, PART A, COL. (B) TIME 25.)		<u></u>	

Par	t XI	Reconciliation of Change in Net Assets from Form 990	to Financial Statemen	ts	
1	Total	revenue (Form 990, Part VIII, column (A), line 12)		1	13975364
2		expenses (Form 990, Part IX, column (A), line 25)		2	10446456
3		ss or (deficit) for the year. Subtract line 2 from line 1		3	3528908
4		nrealized gains (losses) on investments		4	
5		ted services and use of facilities		5	
6	Invest	tment expenses		6	
7	Prior	period adjustments		7	
8		(Describe in Part XIV)		8	
9	Total	adjustments (net). Add lines 4-8		9	0
10		ss or (deficit) for the year per financial statements. Combine lines		10	3528908
Par	t XII	Reconciliation of Revenue per Audited Financial Sta	tements With Revenu	e per	
1	Total	revenue, gains, and other support per audited financial statemer	nts	1	13975361
2	Amou	ints included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net u	nrealized gains on investments	2a	<u>_</u> .	2
b	Dona	ted services and use of facilities	2b		
C	Reco	veries of prior year grants	2c	<u></u>	Ì
d		(Describe in Part XIV)	2d		
е	Add I	ines 2a through 2d		2e	0
3	Subtr	act line 2e from line 1		3	13975361
4	Amou	ints included on Form 990, Part VIII, line 12, but not on line 1:			
а		tment expenses not included on Form 990, Part VIII, line 7b	4a		
b		(Describe in Part XIV)	4b :	3	
C		ines 4a and 4b		4c	3
5		revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, lin			13975364
Par	t XIII	Reconciliation of Expenses per Audited Financial St	atements With Expens	ses p	er Return
1	Total	expenses and losses per audited financial statements		1	10446457
2	Amou	ints included on line 1 but not on Form 990, Part IX, line 25:		, ,	
а	Dona	ted services and use of facilities	2a	」 ⋰.	2
b	Prior	year adjustments	_2b		
С		es reported on Form 990, Part IX, line 25	2c		
d		(Describe in Part XIV)	2d	3	
е		ines 2a through 2d		2e	
3		act line 2e from line 1		3	10446457
4	Amou	ints included on Form 990, Part IX, line 25, but not on line 1:			
а		tment expenses not included on Form 990, Part VIII, line 7b	4a		
		(Describe in Part XIV)	4b -1		
		ines 4a and 4b		4c	-1
5	Total	expenses. Add lines 3 and 4c. (This should equal Form 990, Par	t I, line 18.)	5	10446456
Par	t XIV	Supplemental Information			
		his part to provide the descriptions required for Part II, lines 3, 5, rt V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and l		nd 4; I	Part IV, lines 1b
Par	XII, li	ne 4b - Dollars rounding between audit and individual income	items amount to \$3.00		
Par	XIII, I	ine 4 b - Dollar rounding between audit and individual expens	es amount to (1.00)		
			••••		
				-	

Schedule D (Fo	rm 990) 2008	Page 5
Part XIV	Supplemental Information (continued)	
		•••••
	·	

SCHEDULE J (Form 990)

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

20**08**

Open to Public Inspection

1661098

Name of the organization

Higher Education Servicing Corporation

Department of the Treasury

Internal Revenue Service

Employer identification number

75

Pa	t I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			1
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	~	1
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.			
	☐ Compensation committee ☐ Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	✓ Form 990 of other organizations ✓ Approval by the board or compensation committee			
	E Approvar by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			
	Receive a severance payment or change of control payment?	4a		1
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		1
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		1
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		✓
b	Any related organization?	5b		✓
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		√
b	Any related organization?	6b		✓
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		✓
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was			
	subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		<i> </i>

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed. Part III For each individual whose compensation must be reported in Schedule J, report compensation from the organization from related organizations, described in the Instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(I)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

	(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation				
(A) Name	(i) Base compensation	(ii) Bonus & incentive compensation	(ii) Other reportable compensation	(c) Deterred compensation	(U) Nontaxable benefits	(E) Total of columns (B)(I)–(D)	(r) Compensation reported in prior Form 990 or Form 990-EZ
Kathryn Bryan	(i) 200000	50275	9059	28440	4698	289919	297754
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Schedule J (Form 990) 2008

this part			1									m 990) 2008
Somplete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part or any additional information.												Schedule J (Form 990) 2008
and 8. Also												
6a, 6b, 7,) 3 1 1 4 3 3 1 1											
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SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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, OMB No 1545-0047

or Form 990-EZ, Part V, line 38a or 40b. Name of the organization Employer identification number 75 1661098 **Higher Education Servicing Corporation** Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (c) Corrected? 1 (b) Description of transaction (a) Name of disqualified person Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Part II To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (a) Name of interested person and purpose (b) Loan to or from (c) Original (d) Balance due (e) In default기 (f) Approved (a) Written the organization? principal amount by board or agreement? committee? Yes No Τo From Yes No No Yes Total Part III Grants or Assistance Benefitting Interested Persons. To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person and the (a) Name of interested person (c) Amount of grant or type of assistance organization **Business Transactions Involving Interested Persons.** To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (a) Name of interested person (b) Relationship between (c) Amount of (d) Description of transaction (e) Sharing of interested person and the transaction organization's revenues? organization No Kathryn Bryan **Executive Director of** 0 No Compensation / NTHEA Higher Education Serv icing Corporation

and North Texas Highe r Education Auth. ority Inc.

SCHEDULE O (Form 990)

Supplemental Information to Form 990

20**08**

Department of the Treasury Internal Revenue Service ► 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.

Open to Public Inspection

Name of the organization	Employer identification number
Higher Education Servicing Corporation	75 1661098
See Statement 1	
oee otalenient 1	•••••
	•••••
***************************************	••••••••••••
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Schedule O (Form 990) 2008		Р	age 2
Name of the organization	Emplo	yer identification number	
Higher Education Servicing Corporation	75	1661098	
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			 -
		••••••	
			·
•••••••••••••••••••••••••••••••••••••••			
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

2008

OMB No 1545-0047

Open to Public Inspection

See separate instructions.

66.26 Higher Education Employer identification number (F)
Direct controlling
entity Servicing Corp 1661098 75 (E) End-of-year assets 0 (D) Total income (C)
Legal domicile (state or foreign country) Texas Marketing Student Primary activity Ô Loans 1250 F Coneland Rd Ste 200 Arlington TX 75011-4921 Identification of Disregarded Entities (A) Name, address, and EIN of disregarded entity Higher Education Servicing Corporation HESC, INC Name of the organization Part I

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art II

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(b) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
					1
			773.0		

Schedule R (Form 990) 2008

Cat No 50135Y

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part III Identification	Identification of Related Organizations Taxable	anization		as a Partnership						,
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign	(D) Direct controlling entity	(E) Predominant income (felated, investment, unrelated)	(F) Share of total income		(G) Share of end-of-year assets	(H) Disproportionate allocations?	(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?
								Yes No		Yes No
			-							
					:					
Part IV Identification	Identification of Related Organizations Taxable	nizations		as a Corporation or Trust	Trust					
(A) Name, address, and EIN of related organization	of related organization		(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	соте	(G) Share of end-of-year assets	(H) Percentage ownership
						:				
									:	
									Schedule R (Form 990) 2008	n 990) 2008

Part V Transactions With Related Organizations

	2	-	
Note. Complete line 1 if any entity is listed in Parts II, III, or IV.		Yes	Š
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	n Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a	
Giff grant or capital contribution to other organization(s)		1p	
	· · · · · ·	10	
		7	
d Loans or loan guarantees to or for other organization(s)		2 ,	
e Loans or loan guarantees by other organization(s)		1 e	
f Sala of accete to other organization(e)		14	_
		27 ;	
h Exchange of assets		ا	
i Lease of facilities equipment, or other assets to other organization(s)		-	
	·		
الم) سويافيون سوماف مومون مرفوه سوماف مومون مرفوه سوم المنازين ومرود المنازين ومرود المنازين ومرود المنازين ومرود المنازين ومرود المنازين ومرود المنازين ومرود المنازين ومرود المنازين ومرود المنازين ومرود المنازين ومرود المنازين ومرود المنازين ومرود المنازين ومرود ومرود المنازين ومرود ومر		-	
k Performance of services or membership or fundraising solicitations for other organization(s)		¥	
I Performance of services or membership or fundraising solicitations by other organization(s)		=	
m Sharing of facilities equipment mailing lists or other assets		13	
		72	
n Sharing of paid employees		=	
o Beimbirsement paid to other organization for expenses		10	
a Delimber and the other examples for companion		10	
P neimbursement para by other organization for expenses			
a Other transfer of cash or property to other organization(s)	•	19	
		÷	
Cuter transfer of cast of property from order organization(s)		· - - ·	:
If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered	relationships and transa	and transaction thresholds.	olds.
(A) Name of other organization(s)	(B) Transaction	(C) Amount involved	þ
	ואף ביותו		
N. P. C.			
(2)			
(9)			
(9)			
	Schedule	Schedule R (Form 990) 2008	2008
		· · · · · · · · ·	

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) (B) (C) (D)	(8)	(0)	0	_	(E)	6	(5)	=	£
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Are all partners section 501(c)(3) organizations?	artners on (3) tions?	Share of end-of-year assets	Disproportionate allocations?	Code amount of Schr (Forr	General or managing partner?	ral or aging ner?
			Yes	ş		Yes No		Yes	Yes No
					~				

Schedule R (Form 990) 2008

HIGHER EDUCATION SERVICING CORPORATION ARLINGTON, TEXAS 76011-4921

HIGHER EL ARLINGTOI	HIGHER EDUCATION SERVICING CORPORATION ARLINGTON, TEXAS 76011-4921			STATEMENT 1 75-1661098 TAX YEAR 2008
Reference:	Form 990, Part VI Section A Line 10	Form 990 is prepared by the Co and forwarded to the President o	Form 990 is prepared by the Controller, reviewed by the Executive Director and forwarded to the President of the Board prior to the Form 990 being filed	e Director) being filed
Reference:	Form 990 Part VI Section B Line 15 a & b	The Board of Directors is provide prepared by third parties. Compannual budget salaries being set.	The Board of Directors is provided industry related salary surveys and information prepared by third parties. Comparable jobs and salaries are reviewed prior to annual budget salaries being set.	and information ewed prior to
Reference:	Form 990 Part VI Section C Line 19	Higher Education Servicing Corporation has made and related policies available upon written request.	Higher Education Servicing Corporation has made their Form 990 and 1023 and related policies available upon written request.) and 1023
Reference	Form 990 Part VI Section C Line 20	The books are kept at the organization's office. Kathryn Bryan, Executive Director 1250 E Copeland Rd, Ste 200 Arlington, TX 76011-4921 817-265-9158	ızatıon's office. or	
Reference	Form 990 Part IX Line 24			
	OTHER EXPENSES	(A) TOTAL	(B) PROGRAM SERVICE	(C) MANAGEMENT & GENERAL
	Dues and Subscriptions Miscellaneous Expense Servicing Support Doubtful Account Expense NTHEA Loan Billing Fees	\$ 21,093 4,327 540,703 (4,428) 4,057,407	\$ 18,264 3,635 540,703 (4,428) 4,057,407	\$ 2,829 692 -
	TOTAL	\$ 4,619,102	\$ 4,615,581	\$ 3,521