

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 2009 Open to Public Inspection

<u>A</u>	For the 2009	9 calendar ye	ar, or tax year beginning $0//01/09$, and ending $06/30/10$			· ·
В	Check if applicat		c Name of organization Pennsylvania State System of Higher	r	D Emplo	oyer identification number
П	Address change	use IRS	Education Foundation, Inc.			
\equiv	Name change	label or print or	- Doing Business As		22-	-2686249
닏	Name Glange	type.	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Teleph	none number
	Initial return	See	2986 N. Second Street		-	7-720-4056
	Termination	Specific	City or town, state or country, and ZIP + 4		G Gross reco	
$\overline{\Box}$	Amended return	Instruc- tions.	Harrisburg PA 17110		G Green tea	5,510 4 5 5 7 5 5
믬	Amended return		e and address of principal officer		∐(a) le this	a group roturn for
Ш	Application pend	ang 1	thony Ianiero			a group return for es? Yes X No
			86 N. Second Street		affiliat H(b) Are al	l affiliates
					includ	
			rrisburg PA 17110		It No.	attach a list (see instructions)
<u> </u>	Tax-exempt					
<u>J</u>	Website: ▶		thePAfoundation.org	1		exemption number
	Type of organiz			Year of formation 1	985	M State of legal domicile PA
<u>F</u>	art 1	Summa				
	E .	-	ne organization's mission or most significant activities			
0			ct the educational mission and activities of the			State
ũ	S	ystem o	f Higher Education by generating private sector	support a	and	
Ĕ	er	ngaging	in other activities to advance the System.			
Š.	2 Chec	ck this box	if the organization discontinued its operations or disposed of more than 25%	of its net assets	5	
Ō			members of the governing body (Part VI, line 1a)		3	14
S	1		endent voting members of the governing body (Part VI, line 1b)		4	14
įį	i		employees (Part V, line 2a)		5	2
Activities & Governance			volunteers (estimate if necessary)		6	15
⋖	l .		ated business revenue from Part VIII, column (C), line 12		7a	
		•	siness taxable income from Form 990-T, line 34		7b	0
	D Net	unicialed bu	Siliess (axable illestific field) Form 550 F, line 54	Pnor Yea		Current Year
===	8 Cont	ributions and	d grants (Part VIII, line 1h)	64	3,140	519,919
器	L		revenue (Part VIII, line 2g)		0,637	24,943
Revenue 11	-		ne (Part VIII, column (A), lines 3, 4, and 7d)		1,161	38,240
ھے			Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0,983	00/210
			and lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,921	583,102
MAR			ar amounts paid (Part IX, column (A), lines 1–3)		7,696	489,437
				23	7,000	4001401
il I	14 Bene	•	or for members (Part IX, column (A), line 4)	12	7,767	129,201
2 8	15 Sala	· ·	ompensation, employee benefits (Part IX, column (A), lines 5–10)		7,707	129,201
ANNIE Denses	16a Profe		Iraising fees (Part IX, column (A), line 11e)			
		•	expenses (Part IX, column (D), line 25) > 9-7-8-7-1	2.2	7 1 5 7	149,343
Ş _û	II.	•			7,157	
			Add lines 13–17 (must equal Part IX, column (A), line 25)		2,620	767,981
_		enue less ex	penses Subtract line 18 from line 12		3,301	-184,879 End of Year
Net Assets or	20 T-1-	l ====+= /D==	+ V Ino 16)	Beginning of Cur	3,055	2,378,176
(SSe	20 Tota	l assets (Pai	[A, IIIIe 10]	2,30.	3,033	2,310,110
t t	21 Tota	•		2 56	3,055	2,378,176
			d balances Subtract line 21 from line 20	2,30	3,033	2,310,110
	art II		re Block			
			ties of perjury, I declare that I have examined this return, including accompanying schedules ar is true, correct, and complete Declaration of preparer (other than officer) is based on all inform			
		L				2-3-11
Sig	_	—	- Duy Some			2.3.11
He	re	Signatu	re of officer		Date	
			Kelly & Lieblan, Traswar			
		Type or	print name and title	ī		T. p
_		Preparer's	Date	Check	ıf	Preparer's identifying number (see instructions)
Pa	j	signature	Howard R Streengwalt CPA 1-28-	// self- employ	ed 🕨	P00033890
	eparer's	F	Greenawalt & Company, P.C.		EIN	23-2405297
Us	e Only	Firm's name if self-emplo	400 Heat Main Chana		Phone	- <u> </u>
		address, an	<i>"</i>		no	717-766-4763
Ma	v the IRS de		turn with the preparer shown above? (see instructions)		119	Yes No
_	<u> </u>		rwork Reduction Act Notice, see the separate instructions.		<u> </u>	↑ Form 990 (2009)
DAA		J. and I ape			4	/ Folin 330 (2009)

Part 111 Statement of Program Sorvice Accomplishments	Page Z
Part III Statement of Program Service Accomplishments 1 Briefly describe the organization's mission To support the educational mission and activities of the Pennsylva System of Higher Education by generating private sector support an engaging in other activities to advance the System.	
 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O 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 	Yes X No
The Foundation maintains programs that award scholarships annually with most being need-based to students attending the 14 universities of the Pennsylvania State System of Higher Education. A total of 364 scholarships were given during the 2009-10 fiscal year.)
4b (Code)(Expenses \$ 92,730 including grants of \$ 50,000) (Revenue \$ The Foundation helps to garner resources, through grants and other streams, for institution specific, system-wide and multi-university collaborative programs. During the 2009-10 year, competitive grant totaling \$50,000 were given to four of the state system university academic initiatives in healthcare related fields	y s
4c (Code) (Expenses \$ 30,959 including grants of \$) (Revenue \$ Workforce development and other training programs provide an online portal for workforce training and continuing development	24,943)
4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$	
4e Total program service expenses ► 571,808	
	Form 990 (2009)

Рą	rt 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_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			١,,
	candidates for public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			.,
	Schedule C, Part II	4		Х
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 similar funds or 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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		.,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			,,
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			İ
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			١,,
	complete Schedule D, Part IV	9		Х
0	Did the organization, directly or through a related organization, hold assets in term, permanent, or		1,7	
	quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	ا ا		١,,
	VII, VIII, IX, or X as applicable	11		X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12	Χ	-
	Schedule D, Parts XI, XII, and XIII Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	12		
IZA	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional (as a component unit) 12A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	i	Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
l4a h	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	174		<u> </u>
b	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	- 1.2		
13	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
10	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
• •	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
. •	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
			990	

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 19 if "Yes," complete Schedule I, Parts I and II	21	Χ	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
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	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	ļ		
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		1	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		1	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Χ
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	X	
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			3.7
	Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		İ	v
	conservation contributions? If "Yes," complete Schedule M	30	-	<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			Х
22	Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32		32		Х
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	-	Λ
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	ľ	Χ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	- 33	\dashv	
J -4	III, IV, and V, line 1	34		Χ
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	- 3-		- / \
33	Schedule R, Part V, line 2	35		Χ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			71
J	organization? If "Yes," complete Schedule R, Part V, line 2	36	ŀ	Χ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			41
Ji	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Χ
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	"		
50	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

۲a	R V Statements Regarding Other IRS Filings and Tax Compliance					
	5 to 11 to 12 to 1				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	4-	3			
	U.S. Information Returns Enter -0- if not applicable	1a 1b	0			
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 report		1 0			
С	gaming (gambling) winnings to prize winners?	lable		1c	Χ	Ī
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1	1	10	- 1	
2a		2a	2			
L	Statements, filed for the calendar year ending with or within the year covered by this return. If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	-		2b	Χ	Ī
þ	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			2.5	7.	
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	v				
-	this return?	,		3a	-	Х
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 auti	hority				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	-				
	account)?			4a		Х
b	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 Bal	nk				
	and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	n?		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regard	ıng				
	Prohibited Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or				
	gifts were not tax deductible?			6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goo	ds		_	37	
	and services provided to the payor?			7a	X	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Χ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			7-		Х
	required to file Form 8282?	7d	1	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pers		l .			
е	benefit contract?	Ullai		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	2		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	s				
	required?			7h		Х
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?			8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		ļ
10	Section 501(c)(7) organizations. Enter		1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	L			
11	Section 501(c)(12) organizations. Enter	1	1			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them)	11b			1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	1	1	12a		<u> </u>
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	L			40000
				Form	ココリ	(2009)

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

Sec	tion A. Governing Body and Management			
<u> </u>	tion At Coverning Body and management		Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 1b 14			
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		Х
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		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, 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	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal	•		
Rev	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	Χ	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Χ	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		<u>X</u>
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	_X_	
13	Does the organization have a written whistleblower policy?	13	Χ	
14	Does the organization have a written document retention and destruction policy?	14	Χ	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		<u>X</u>
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
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		X
b				
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
	etion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed PA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	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 records of the prognization Deborah Scott 2986 N. Second Street			
11.	4.54.4.0	717-72	Λ – Λ	120
н	arrisburg PA 1/110	<u>, </u>	<u>- 4</u>	<u> 1 4 U</u>

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

(A) Name and Title	(B) Average	Average Position (chec					opły)	(D) Reportable	(E) Reportable	(F) 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
Kim Lyttle	5.00	Х						0	0	(
Board Chair	3.00	 ^-	┢		_		_	U		
Sandra Loy-Bell	5.00	X						o	0	(
Vice Chair Marion C. Alexand		<u> </u>	 	\vdash				U		
	5.00	X						0	0	(
Secretary Kelly Lieblein	3.00	ΙΔ-							0	
Treasurer	5.00	X						0	0	(
Nelson Swarts	3.00	+^		┢						
Assistant Treasurer	5.00	X						0	0	(
William D. Greenl		1								
Former Chair	1.00_	X				İ		o	0	(
Stephen Winterste		1								
Board Member	1.00	X						0	0	C
John Bolger										
Board Member	2.00	X				<u> </u>		0	0	
Marcella Daniels					ļ					
Board Member	1.00	X				<u> </u>		0	0	(
David P. Lavery			i		1					
Board Member	1.00	X						0	0	(
Joanne E. Wade			ì							
Board Member	1.00	X		<u> </u>		<u> </u>		0	0	(
Xavier D. William					İ			_	_ 1	
Board Member	1.00	X			<u> </u>	<u> </u>		0	0	(
Michael Varano										
Board Member	1.00	X						. 0	0	(
Betty Silfa	1					ŀ				
Board Member	1.00	X	-			-		0	0	
Anthony Ianiero	1 40 00							100 100	^	
Pres/CEO	40.00		-	Х		-		109,180	0	0
				-			-			
DAA	l		<u> </u>	L	l	L				Form 990 (2000

Par	VII Section A. Officers	, Directors, Trus	tees	, Ke	y Em	ploy	/ees	and	d Highest Compensated E	mployees (continued)				
	(A) Name and Title	(B) Average	Average Position (check all that ap						(D) Reportable compensation	(E) Reportable compensation		(F) stimate mount		
		week	Institutional trustee Individual trustee or director			Highest compensated employee Key employee Officer			from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organization			
1b 2	Total Total number of individuals (in	cluding but not lin	nited	to th	ose	liste	d abo	▶ ove)	109, 180 who received more than \$1	00,000 ın	<u> </u>			
	reportable compensation from											一,	res	No
3	Did the organization list any fo employee on line 1a? If "Yes,"								ee, or highest compensated			3	-	Х
4	For any individual listed on line the organization and related or	a 1a, is the sum o	f rep	ortab	ole co	ompe	ensat	lion	and other compensation from complete Schedule J for su	m uch				37
5	individual Did any person listed on line 1 services rendered to the organ											5	1	X
Sect	tion B. Independent Contract	ors												
1	Complete this table for your five compensation from the organization	zation	nsate	ed inc	depe	nde	nt co	ntrad					(C)	
	Name and	(A) d business address						-	Descrip	(B) tion of services		Com	(C) pensatio	nc
								_						
								<u> </u>			_			
								-						
	Total number of independent of	contractors (include	ding I	out n	ot lin	nited	to th	nose	listed above) who received		_			
DAA	more than \$100,000 in compe								·			0 Form	990	(2009)

	rt V	III Statement o	f Reve	nue						
•		4					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ည တ	1a	Federated campaigns		1a						
Contributions, gifts, grants and other similar amounts	.u	Membership dues	İ	1b						
g.E	c	Fundraising events		1c						‡
ar a	d	Related organizations		1d						
S,E	- -	Government grants (contribution	ons)	1e		72,082				!
r is	f	All other contributions, gifts, gra	· r							1
t t	·	and similar amounts not include		1f		447,837				
d d	a	Noncash contributions included	ו 1 in lines 1a-1		\$					•
ဒင	h	Total. Add lines 1a-1f			•	▶	519,919			*
e e						Busn. Code				
Program Service Revenue	2a	Board of Stud	dent Gov	vt Pr	esıde		7,957	7,957		
Re	b	Rosetta Stone	e Ed pro	ogram	fees		6,195	6,195		
/ice	С	Program admir	-	-			5,920	5,920		
Sen	d	Other meeting					2,268	2,268		
Ē	е	Quality of Wo	ork Life	e Com	m.		1,232	1,232		
ogra	f	All other program serv					1,371	1,371		
ď	g	Total. Add lines 2a-21	F			•	24,943		·	
	3	Investment income (in	ıcludıng dı	vidend	ls, interes	t, and				
		other similar amounts))			▶	38,037			38,037
	4	Income from investme	ent of tax-e	exemp	t bond pr	oceeds 🕨				
	5	Royalties				•				
			(ı) Real		(II)	Personal				
	6a	Gross Rents								I .
	b	Less rental exps								!
	С	Rental inc or (loss)					•			1
	_d	Net rental income or (•				
	'a	Gross amount from sales of assets (1)) Secunties		(11) Other				
		other than inventory	18,	000						‡
	þ	Less cost or other								
		basis & sales exps	17,	797						
		Gain or (loss)		203			202	200		1
		Net gain or (loss)		. [•	203	203		
e	8a	Gross income from fundra	aising even	its						
Other Revenue		(not including \$	4-1							
8		of contributions reported	on line 1c)							Į.
Jer		See Part IV, line 18		a						
öŧ		Less direct expenses		b [ovente	•	Ī			1
		Net income or (loss) for Gross income from gamin		ſ	events					
	9a	See Part IV, line 19	ny activities							
	_	Less direct expenses		a b						
		Net income or (loss) fi		(vities	•				
		Gross sales of invento			VICIO					
	IUa	returns and allowance	•	а						
	h	Less cost of goods so		ь						
	t	Net income or (loss) fi		·· (entory	•	Ī			1
	Ť	Miscellaneou				Busn. Code				
	11a						_	[]		
	b									
	С									
	d	All other revenue								
	е	Total. Add lines 11a-	11d			•				
	12	Total Revenue. See	instruction	ıs			583,102	25,146		0 38,037
										Form 990 (2009)

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	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			<u> </u>	······································
-	organizations in the U.S. See Part IV, line 21	50,000	50,000		
2	Grants and other assistance to individuals in				······································
	the U.S. See Part IV, line 22	439,437	439,437		
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	109,180	21,836	43,672	43,672
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	8,424	3,370	4,212	842
8	Pension plan contributions (include section 401(k)	3,	57.5.5	-,,5	<u> </u>
Ŭ	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	11,597	2,485	4,722	4,390
11	Fees for services (non-employees)		27100		
	Management			ľ	
b		382			382
C	Accounting	11,318		9,620	1,698
d	Lobbying	11/310		3,020	1,000
u _	Professional fundraising services See Part IV, line 17				
f	Investment management fees	11,265		11,265	
	Other	21,000	17,800	11,200	3,200
g 12	Advertising and promotion	8,780	17,000		8,780
13	Office expenses	5,668	780	2,074	2,814
14	Information technology	5,605	5,605	2,014	2,014
15	Royalties	3,003			
16	Occupancy	4,200			4,200
17	Travel	3,049	289	1,816	944
18	Payments of travel or entertainment expenses	3,043	205		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	18,449	12,335	4,370	1,744
20	Interest			· · · · · · · · · · · · · · · · · · ·	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization		· · ·		
23	Insurance	3,058		3,058	
24	Other expenses Itemize expenses not	1		# #	
4 4	covered above (Expenses grouped together	1			
		 		1	
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)	‡		1	
_		24,965			24,965
a	Crant expenses	16,952	16,952		24, 303
b	Grant expenses Miscellaneous others	6,924	10,932	6,924	
C	Meals	5,668	919	3,746	1,003
d	Other fundraiser expense	1,237	213	J, 140	1,003
e	·	823		823	1,231
	All other expenses	767,981	571,808	96,302	99,871
25	Total functional expenses. Add lines 1 through 24f	101,301	3/1,000	90,302	99,011
26	Joint costs. Check here ▶ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
DAA	fundraising solicitation				Form 990 (2009)

Pa	rt X	Balance Sheet		·····		
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing			1	
	2	Savings and temporary cash investments		510,709	2	436,010
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, tr	ustees, key			
		employees, and highest compensated employees Compl	lete Part II of			
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined u	ınder section			
- 1		4958(f)(1)) and persons described in section 4958(c)(3)(E				
1		Part II of Schedule L	•		6	
ध्र		Notes and loans receivable, net			7	
Assets		Inventories for sale or use			8	
۲		Prepaid expenses and deferred charges			9	
- }		Land, buildings, and equipment cost or] [
ĺ		other basis Complete Part VI of Schedule D	10a			
		Less accumulated depreciation	10b	1	10c	
		Investments—publicly traded securities	100	2,052,346	11	1,942,166
		Investments—publicly traded securities Investments—other securities See Part IV, line 11		2,032,340	12	1, 242, 100
					13	
- 1		Investments—program-related See Part IV, line 11				· -
- 1		Intangible assets		-	14	<u> </u>
		Other assets See Part IV, line 11		2 562 055	15	2 270 176
\neg		Total assets. Add lines 1 through 15 (must equal line 34)		2,563,055	16	2,378,176
		Accounts payable and accrued expenses			17	
- 1		Grants payable			18	
- 1		Deferred revenue			19	
- 1		Tax-exempt bond liabilities			20	
.9		Escrow or custodial account liability Complete Part IV of			21	
≝		Payables to current and former officers, directors, trustee			-	
ap		employees, highest compensated employees, and disqua	alified		1	
=		persons Complete Part II of Schedule L			22	
		Secured mortgages and notes payable to unrelated third			_23	
		Unsecured notes and loans payable to unrelated third par	rties		24	
	25	Other liabilities Complete Part X of Schedule D			25	<u></u>
	26	Total liabilities. Add lines 17 through 25			26	
Balances		Organizations that follow SFAS 117, check here ▶ ∑	∐ and		1	
Š		complete lines 27 through 29, and lines 33 and 34.			1	
<u>a</u>	27	Unrestricted net assets		1,574,159	_27	1,484,859
8	28	Temporarily restricted net assets		913,661	28	<u>809,562</u>
Fund		Permanently restricted net assets	,,	75,235	29	83 , 755
<u>.</u>		Organizations that do not follow SFAS 117, check her	re ▶		1	
뒫		and complete lines 30 through 34.			1	
ģ	30	Capital stock or trust principal, or current funds			30	
Set	31	Paid-in or capital surplus, or land, building, or equipment	fund		31	
Š	32	Retained earnings, endowment, accumulated income, or	other funds		32	<u> </u>
Net Assets or	33	Total net assets or fund balances		2,563,055	33	2,378,176
ž	34	Total liabilities and net assets/fund balances		2,563,055		2,378,176

Form **990** (2009)

3a

the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047 2009

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Pennsylvania State System of Higher

Education Foundation, Inc.

Employer identification number 22-2686249

P	art I	Rease	on for Public Charity S	Status (All organizations	must co	omplete	this p	<u>art) S</u>	<u>ee ins</u>	truction	ons.				
The	orgar	nization is not a	private foundation because	it is (For lines 1 through 11, che	ck only or	ne box)									
1	Ň		•	ciation of churches described in			A)(i).								
2	П	A school desc	ribed in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
3	П			e organization described in secti	on 170(b)	(1)(A)(iii).									
4	Ħ	•	•	in conjunction with a hospital des				(A)(iii).	Enter th	e hospi	tal's name.				
•	لـــا	city, and state						,							
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in														
•	ш		o)(1)(A)(iv). (Complete Part I			-, - 3									
6		•			tion 170(h\/1\(Δ\(v	1								
7	X An organization that normally receives a substantial part of its support from a governmental unit or from the general public														
′	[2]	-	<u>-</u>		a govern	incilai an		ir the ge	iciui po	Dilo					
8															
J	9 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its														
	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses														
	support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)														
10		, ,	•	clusively to test for public safety	-		a)/A)								
11						•		carry on	t the						
• •															
	purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h														
		a Type	_	c Type III–Functiona			d		e III–Otl	ner					
е			-	nization is not controlled directly											
6	Ш			and other than one or more public						tion					
		•	ection 509(a)(2)	,	,										
f		. , . ,	, , , ,	mination from the IRS that it is a	Type I Ty	nell or T	voe III s	upportin	a						
•			check this box		.,,,,,	, , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3						
~		•		on accepted any gift or contributi	on from ar	nv of the									
9		following per		a, g		.,									
				ntrols, either alone or together wi	th persons	describe	d in (ii)					Yes	No		
			pelow, the governing body of				(,				11g(ı)	+			
			member of a person describe								11g(11				
			ontrolled entity of a person de								11g(ii				
h			ollowing information about the								<u> </u>	71			
) Nam	e of supported	(iı) EIN	(iii) Type of organization	(iv) Is the o	organization	(v) Did y	ou notify	(vi)	s the	(vii) An	ount of			
•	org	anization		(described on lines 1-9		sted in your		nization in	organizat		sup	port			
				above or IRC section (see instructions))	governing	document?		of your port?		zed in the S ?					
				(see instructions))	Yes	No	Yes	No	Yes	No					
					}				;						
				I			•								

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 Pennsylvania State System of Higher 22-2686249

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	873,132	234,022	257,819	643,140	519,919	2,528,032
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 through 3	873,132	234,022	257,819	643,140	519,919	2,528,032
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)						587,225
6	Public support. Subtract line 5 from line 4						1,940,807
	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	873,132	234,022	257,819	643,140	519,919	2,528,032
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	82,528	118,186	129,116	55,621	38,037	423,488
9	Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10 11	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	3,172	2,489	489	1,084		7,234 2,958,754
12	Gross receipts from related activities, etc. (see instructions)				12	24,943
13	First five years. If the Form 990 is for the		second third fourth	or fifth tax year as	a section 501(c)(3	<u> </u>	
	organization, check this box and stop here	_	, , , , , , , , , , , , , , , , , , , ,	, or marker, your do	u 000 00 . (0)(0	,	▶ □
Sec	tion C. Computation of Public Su		age				
14	Public support percentage for 2009 (line 6,	column (f) divided b	y line 11, column (f))		14	65.60%
15	Public support percentage from 2008 Sche	* *	•			15	82.12 %
16a	33 1/3 % support test—2009. If the organi	zation did not check	the box on line 13,	and line 14 is 33 1.	/3 % or more, chec	k this box	
	and stop here. The organization qualifies a	is a publicly support	ed organization				► X
b	33 1/3 % support test-2008. If the organi	zation did not check	a box on line 13 oi	16a, and line 15 is	33 1/3 % or more,	check this	_
	box and stop here. The organization qualif	ies as a publicly sup	ported organization	1			▶ [_]
17a	10%-facts-and-circumstances test—200	If the organization	n did not check a bo	x on line 13, 16a, o	r 16b, and line 14 i	s 10% or	
	more, and if the organization meets the "fac	cts-and-circumstand	es" test, check this	box and stop here	. Explain in Part IV	how the	
	organization meets the "facts-and-circumst	ances" test. The org	janization qualifies	as a publicly suppor	rted organization		▶ ∐
b	10%-facts-and-circumstances test—200	•		•			
	more, and if the organization meets the "fac		•	•	•	how the	. —
	organization meets the "facts-and-circumst	-	•		•		▶ -
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b, 1	7a, or 17b, check the	his box and see ins	tructions	▶ ⊔

	(Complete only if you che	cked the box	on line 9 of Pa	rt I.)				
Sec	tion A. Public Support							
Cal	endar year (or fiscal ỳear beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	\Box	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
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 through 5							
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	ļ	ļ					
	exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year	-						
С	Add lines 7a and 7b	£	<u> </u>				_	
8	Public support (Subtract line 7c from line 6)							
_	tion B. Total Support	T	T					
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	\dashv	(f) Total
9	Amounts from line 6						$-\!\!\!+$	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	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,						}	
44	and 12) First five years. If the Form 990 is for the o	braanization's fest	popped third faced	h or fifth tour was =	1	3/		
14	organization, check this box and stop here		secona, triira, tourt	n, or muritax year a	as a section 50 r(c)(3)		
Sec	tion C. Computation of Public Su		tane					
	Public support percentage for 2009 (line 8,			(f)		Т	15	%
15 16	Public support percentage from 2008 Sche		-	(1))		-	16	/ %
16 Sec	tion D. Computation of Investme							
17	Investment income percentage for 2009 (Iir			olumn (fi)			17	%
18	Investment income percentage from 2008 S		-	(1//		<u> </u>	18	%
19a				14, and line 15 is m	ore than 33 1/3 %.	and line	1_	
	17 is not more than 33 1/3 %, check this bo							▶ [
b	33 1/3 % support tests—2008. If the organ							_
	line 18 is not more than 33 1/3 %, check thi							▶ □
20	Private foundation. If the organization did		=					▶□

Schedule A (Form 990 or 990-EZ) 2009 Pennsylvania State System of Higher 22-2686249

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10;

Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Part II, Line 10 - Other Income Detail

Miscellaneous

\$

7,234

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public

OMB No 1545-0047

Inspection Name of the organization Employer identification number Pennsylvania State System of Higher 22-2686249 Education Foundation, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 2 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a Total number of conservation easements 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year ▶ Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

che	<u>dule D (Form 990) 2009 Pennsylvan</u>	<u>la State Syst</u>	em or Hig	ner	<u> </u>	86249			Page 2
Pa	rt III Organizations Maintaining C	Collections of Art, H	istorical Treas	ures, c	or Other S	Similar As	sets (continue	d)
3	Using the organization's acquisition, accession, collection items (check all that apply)	and other records, check a	ny of the following t	hat are a	significant i	use of its			
а	Public exhibition	d Loan or	exchange program	s					
b	Scholarly research	e Other							
C	Preservation for future generations						_		
4	Provide a description of the organization's collect Part XIV	tions and explain how they	further the organiza	ation's ex	empt purpo	se in			
5	During the year, did the organization solicit or re- assets to be sold to raise funds rather than to be				ılar			Yes	☐ No
Pa	art IV Escrow and Custodial Arrar				swered "	Yes" to Fo	rm 99		
• •	IV, line 9, or reported an amo		-	ition an		.00 10 10	,,,,,,	o, i dit	
12	Is the organization an agent, trustee, custodian of			accate n	ot				
10	included on Form 990, Part X?	or other intermediary for co	Third dions of other	assets 11	Ol .			Yes	No
h	If "Yes," explain the arrangement in Part XIV and	I complete the following tak	nle						
U	ii res, explain the arrangement iii r art XIV and	complete the following tax	oic .					Amount	
_	Pogunning halanga					1c		74110411	
	Beginning balance Additions during the year					1d			
	Distributions during the year					1e 1f			
	Ending balance	000 Dart V June 212							
	Did the organization include an amount on Form If "Yes," explain the arrangement in Part XIV	990, Falt A, Illie 217						∐ Yes	∐ No
	Endowment Funds. Comple	te if organization and	wered "Ves" to	Form	QQN Part	1\/ line 1	<u> </u>		
+ 0	Erra Cindownient i ands. Compic	(a) Current year	(b) Prior year		years back	(d) Three year		(e) Four ye	ars hack
1-	Beginning of year balance	500,235	47,885	· · · · · · · · · · · · · · · · · · ·	youro buok	(u) Three year	TO DUCK	(c) i oui ye	ars back
	Contributions	8,520	452,350	······					
	Net investment earnings, gains,	0,320	432,330		·····				
·	and losses	2,500	500						
	Grants or scholarships	2,500	500		***************************************				
	Other expenditures for facilities	2,300							
e	, in the second of the second								
	and programs								
	Administrative expenses	508,755	500,235						
	-		200,233	L	<u> </u>				
2	Provide the estimated percentage of the year en Board designated or quasi-endowment ▶	83.54 %							
	Permanent endowment	<u>0</u> 5 <u>-</u> 5 <u>+</u> %							
	Term endowment \bigs\' \%								
	Are there endowment funds not in the possession	on of the organization that a	re held and adminis	stored for	tho				
Ja	·	in or the organization that a	ire neid and adminis	stered ioi	uic			Ye	No.
	organization by (i) unrelated organizations							3a(i)	S No
	(ii) related organizations							3a(ii)	X
h	If "Yes" to 3a(ii), are the related organizations lis	ted as required on Schedul	le R2					3b	
4	Describe in Part XIV the intended uses of the organizations is	•						[30]	L
	ert VI Investments—Land, Buildin			Part)	Cline 10				
.1.9	Description of investment	(a) Cost or other basis	(b) Cost or oth			umulated		(d) Book val	
	Boomphon of Information	(investment)	basis (other)			eciation		(2) 230K VAI	
10	Land						+		
	Buildings				_		+-	-	
	Leasehold improvements			 			+-		
	Equipment			 			+-		-
	Other						+		
	I. Add lines 1a through 1e (Column (d) must equa	I Form 990, Part X. column	(B), line 10(c))		· · · · ·		.†		-
- (4)		555, . 4177, 5514111	. , 2,, 10(0) /						

Schedule D (Form 990) 2009 Pennsylvania State Sys		22-2686249 Page 3
Part VII Investments—Other Securities. See Form 990.		
(a) Description of security or category	(b) Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
Financial derivatives `		
Closely-held equity interests		
Other		
	,,	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)		
Part VIII Investments—Program Related. See Form 990	, Part X, line 13	
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
		· · · · · · · · · · · · · · · · · · ·
		
		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, line 15.		
(a) Description		(b) Book value
		
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		>
Part X Other Liabilities. See Form 990, Part X, line 25.		
1 (a) Description of liability	(b) Amount	
Federal income taxes		
	···	
	-	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		
2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organiza	tion's financial statements t	that reports the
organization's liability for uncertain tax positions under FIN 48		

Sche	<u> dule D (Form 990) 2009 Pennsylvania State System of Higher </u>	<u>22-268624</u>	9	Page 4
Pa	art XI Reconciliation of Change in Net Assets from Form 990 to Audited Fina	ancial Stateme	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	583,102
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	767,981
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	-1 <u>84</u> ,879
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV)		8	
9	Total adjustments (net) Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10	<u>-184,879</u>
Pa	Reconciliation of Revenue per Audited Financial Statements With Rev	enue per Reti	urn	
1	Total revenue, gains, and other support per audited financial statements		1	538,114
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а				
b	Donated services and use of facilities 2b			
C	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIV)			
е	• • • • • • • • • • • • • • • • • • • •		2e	
3	Subtract line 2e from line 1		3	538,114
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV)	44,988		
C	Add lines 4a and 4b		4c	44,988
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	583,102
	art XIII Reconciliation of Expenses per Audited Financial Statements With Ex	penses per R	eturn	700 000
1	Total expenses and losses per audited financial statements		1	722,993
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а				
b	Prior year adjustments 2b			
C				
d	Other (Describe in Part XIV)			
e	, to miles — 1 miles — 1		2e	722 007
3	Subtract line 2e from line 1		3	722,993
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b	44 000		
	Other (Describe in Part XIV)	44,988		44 000
	Add lines 4a and 4b	1	4c	44,988
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	767,981
	Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part II	V lines 1h	-	
	piete this part to provide the descriptions required to Fart II, lines 3, 3, and 9, Fart III, lines 1a and 4, Fart 1 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also			
	oart to provide any additional information	Complete		
	<u>art V, Line 4 - Intended Uses for Endowment Funds _</u>			
		_ _		
_A	<u>ll_of the four_endowment_funds_maintained by the Fo</u>	u <u>ndation</u>	<u>are</u>	<u>for the</u>
_p	<u>urposes of providing scholarships to students atten</u>	d <u>ing one</u>	of_t	he
_f	<u>ourteen universities of the Pennsylvania State Syst</u>	e <u>m of Hig</u>	<u>her</u>	Education
	art XI, Line_8 - Reconciliation of Changes - Other_			
_ F	undraising expenses grossed up for 990 return	\$		-4 <u>4,9</u> 8 <u>8</u>

Fundraising expenses grossed up_for_990_return\$44,988		09 Penns mental Inforn			ystem of	Higher	22-26	686249		Page
Part XII, Line 4b - Revenue Amounts Included on Return - Other Fundraising expenses grossed up for 990 return Part XIII, Line 4b - Expense Amounts Included on Return - Other Fundraising expenses grossed up for 990 return \$ 44,988 -		•								
Part XIII, Line 4b - Expense Amounts Included on Return - Other Fundraising expenses grossed up for 990 return \$ _ 44,988										
Part_XIII, Line_4b - Expense Amounts Included on Return - Other	_Fundı									
	 _P <u>art</u>									
	_F <u>u</u> ndı									
										<u> </u>
		 -								
		 	· -							
										- -
		 	· 							- -
		 - -	. 						 	
	- 	 -	. – – –			-				
	 	 -	. 			 			- 	- -
		 		_ -					- - -	
		 	- -							
		 								
		 						- -		

SCHEDULE (Form 990)

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

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

1545-0047	60
OMB No	20

Danatemont of the Transition	Complete if the or	ganizatio	n answered "Yes" on I	Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22.	s 21 or 22.		Open t	Open to Public
Internal Revenue Service			► Attach to Form 990.	30.			dsui	Inspection
Name of the organization Pennsylvania State	System of	Higher	ar		Employer	Employer Identification number	er	
Education Foundation, Inc	on, Inc.				22-26	22-2686249		
Part i General Information on Grants and Assistance	Assistance							
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees the selection criteria used to award the grants or assistance? 2 Describe in Bart IV the organization's procedures for monthlying the use of grant finds in the United States.	e amount of the grance?	ts or assist	ance, the grantees' elig	or assistance, the grantees' eligibility for the grants or assistance, and finds in the United States	assistance, and		⊠ Yes	%
<u>ro</u>	overnments and ecipient that reconstitutional specific additional	Organi eived ma	zations in the Uni ore than \$5,000. Ceeded	Organizations in the United States. Complete if the organization answered "Yes" to ived more than \$5,000. Check this box if no one recipient received more than \$5,000 could be is needed	o one recipient	nization answereceived more	ered "Yes" to e than \$5,000. Use	A
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	ant
West Chester University Room 164 E.O., Bull Center West Chester PA 19383	23-2417773	005	15,000				Highmark healthcare	hcare
Millersville University P.O. Box 1002 Millersville PA 17551-0302	23-2397926	GOV	11,900				Highmark healt	healthcare
Indiana University of PA 113 Clark Hall, 1090 South Drive Indiana	25-1470695	GOV	13,859				Highmark healthcare	hcare
California University of PA 250 University Avenue California PA 15419	25-1508140	COV	9,241				Highmark healt	healthcare
2 Enter total number of section 501(c)(3) and government organizations3 Enter total number of other organizations	organizations						4	

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

Schedule I (Form 990) 2009

22-2686249 Schedule I (Form 990) 2009 Pennsylvania State System of Higher

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.	to Individuals in the	United States. Com	plete if the organizati	ion answered "Yes" to Form	990, Part IV, line 22.
	Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	(Form 990) if addition	al space is needed.			
(a)	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Failor	Failor Scholarships	-1	500			•
Phillip:	Phillips Scholarships	1	1,000			
Eve Sch	Eve Scholarships	14	12,500			
Stayman	Stayman Scholarships	19	17,000			
Hughes	Hughes Scholarships	47	000,69			
Greider	Greider Scholarships	1	18,774			
Novce S	Novce Scholarships	9	72,363			
Part IV	Supplemental Information. Complete this part to provi	omplete this part to pr	rovide the information	n required in Part I, fi	ide the information required in Part I, line 2, and any other additional information	nal information.

Schedule I (Form 990) 2009

OMB No 1545-0047	Open to Public Inspection	Employer identification number 22–2686249	t II.)	(h) Purpose of grant or assistance												Schedule I-1 (Form 990) 2009
		Employe 22-2	lents and Organizations in the United States (Schedule I (Form 990), Part II.)	(g) Description of non-cash assistance												
(06			States (Sched	(f) Method of valuation (book, FMV, appraisal, other)								· · · •				
ule I (Form 9	l information for or Part III.		is in the United	(e) Amount of non-cash assistance												
Continuation Sheet for Schedule I (Form 990)	► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.		ind Organization	(d) Amount of cash grant												
itinuation Sh	► Attach to Form Schedule I	of F	Governments a	(c) IRC Code section if applicable												s for Form 990.
Con		ite System	Assistance to	(p) EIN												see the Instruction
		Pennsylvania State Sy Education Foundation,	l o	(a) Name and address of organization or government		 		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1	 					For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form
SCHEDULE 1-1 (Form 990)	Department of the Treasury Internal Revenue Service	e organization	Part Continuati										 			For Privacy Act and Pape

Schedule 1-1 (Form 999) 2009 Pennsylvania State System OI Part # Continuation of Grants and Other Assistance to Individual	State System of r Assistance to Individu		11 gner 22-2080249 s in the United States (Schedule I (Form 990), Part III.)	90), Part III.)	Page Z
1 I	(b) Number of recipients		(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Foundation Scholarships	10	7,500			,
National City Scholarship	95	000,06			
Research for Action	1	300			
Highmark scholarships	152	140,000	\$ C		
Highmark graduate scholar	18	10,500			
					Schedule I-1 (Form 990) 2009

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

Open To Public

Name of the organization Pennsylvania State System of Higher **Employer identification number** Education Foundation, Inc. 22-2686249 Part 1 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (b) Description of transaction (a) Name of disqualified person Yes No Enter the amount of tax imposed on the organization managers or disqualified persons during the year **▶** \$ under section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization 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 (c) Original (d) Balance due (e) In default? (f) Approved (g) Wntten or from the principal amount by board or agreement? organization? committee? To Yes No Yes No Yes No From Total **▶** \$ Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (a) Name of interested person (b) Relationship between interested person and the (c) Amount and type of assistance organization Part IV **Business Transactions Involving Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (e) Sharing (a) Name of interested person (b) Relationship between (c) Amount of (d) Description of transaction of org revenues? interested person and the transaction organization Yes No Jınaki Gibson Bright Child of Bd Mem Χ 3,400 Compensation Charles D. Gibson Child of Bd Mem 6,000 Compensation Х

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Internal Revenue Service
Name of the organization

Department of the Treasury

Pennsylvania State System of Higher Education Foundation, Inc.

Employer identification number 22-2686249

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

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

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

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

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

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

member to the Foundation Board of Directors.

Form 990, Part VI, Line 11a - Organization's Process to Review Form 990
The Board members all receive a notification that a draft copy of the 990
form is available for review for a 30 day period at the Foundation's
office. In addition, any Board member may request that a copy of the
draft 990 be mailed or emailed to them for their review. After the 30 day
review period, the Foundation will make any necessary changes or edits to
the 990 form and file it before the due date.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
Board members are currently required to complete a Conflict of Interest
form upon becoming a member, and to inform the Foundation if an interest
that could cause a conflict subsequently occurs. If a conflict is
identified, the CEO confers with the Executive Committee to attempt to
resolve the conflict. The Board has been considering the implementation of
an annual conflict of interest declaration.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

Pennsylvania State System of Higher

Employer identification number 22-2686249

The Foundation Executive Committee reviews comparable salaries for other similar PA state university foundations when determining the compensation for the Foundation's President and CEO. However, the final compensation determination has not been contemporaneously documented in the Board minutes to date.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation All documents that must be made available to the general public are made available upon written request. Other governing documents are generally not made available to the public.

Schedule O - Additional Information

In 2008, the Pennsylvania State System of Higher Education passed through a grant from the PA Department of Education to the Foundation for a program entitled "James Hughes Scholarship and Retention Program". At the time of the grant passthrough to the Foundation, the PA State System of Higher Education had already identified and begun working with several individuals with the backgrounds necessary to work on the retention grant, two of whom are full grown and independent children of a Foundation board member. The compensation paid to the two related individuals through the grant expenditures by the Foundation have been disclosed on Schedule L. This grant terminated during the 2009-10 year.