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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
► The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning 07/01/09, and ending 06/30/10

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Pennsylvania Association of Council of Trustees		D Employer identification number 25-1738085
		Number and street (or P O box, if mail is not delivered to street address) 2986 North 2nd Street	Room/suite	E Telephone number 717-720-4051
		City or town, state or country, and ZIP + 4 Harrisburg PA 17110		F Group Exemption Number <input type="checkbox"/>

● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method Cash Accrual
Other (specify) ►

I Website: ► N/A

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) — 501(c) (4) ◀ (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 49,000

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

		1	2	3	4	5c	6c	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
Revenue	1	Contributions, gifts, grants, and similar amounts received																					
	2	Program service revenue including government fees and contracts																					
	3	Membership dues and assessments																		See Statement 1		49,000	
	4	Investment income																					
	5a	Gross amount from sale of assets other than inventory																		5a			
	5b	Less cost or other basis and sales expenses																		5b			
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																					
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>																					
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)																		6a			
	6b	Less direct expenses other than fundraising expenses																		6b			
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)																						
7a	Gross sales of inventory, less returns and allowances																		7a				
7b	Less cost of goods sold																		7b				
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																						
8	Other revenue (describe ► _____)																						
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8																		49,000				
Expenses	10	Grants and similar amounts paid (attach schedule)																					
	11	Benefits paid to or for members																					
	12	Salaries, other compensation, and employee benefits																					
	13	Professional fees and other payments to independent contractors																					
	14	Occupancy, rent, utilities, and maintenance																					
	15	Printing, publications, postage, and shipping																					
	16	Other expenses (describe ► See Statement 2)																		26,023			
	17	Total expenses. Add lines 10 through 16																				26,023	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																				22,977	
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																				34,112	
	20	Other changes in net assets or fund balances (attach explanation)																					
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																				57,089	

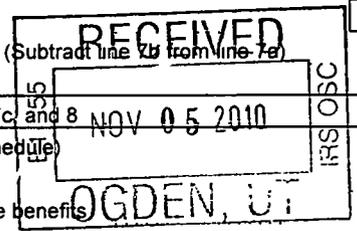
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

		(See the instructions for Part II)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments			34,112	22 57,089
23	Land and buildings				23
24	Other assets (describe ► _____)				24
25	Total assets			34,112	25 57,089
26	Total liabilities (describe ► _____)			0	26 0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)			34,112	27 57,089

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

SCANNED NOV 29 2010



Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses	
What is the organization's primary exempt purpose? See Statement 3		(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28	See Statement 4		
29	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	25,908
30	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
31	Other program services (attach schedule)	30a	
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	25,908

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Guido M. Pichini 600 Park Road North Wyomissing PA 19610	President 5.00	0	0	0
Leo T. Krantz 20 Wiggins Lane Uniontown PA 15401	1st V.P. 4.00	0	0	0
Christian B. Dwyer 604 Lusk Run Road Mill Hall PA 17751	2nd V.P. 2.00	0	0	0
Dr. William B. McIlwaine 53 Brenner Street Millersville PA 17551	Treasurer 3.00	0	0	0
Susanne A. Burns P.O. Box 626 Clarion PA 16214	Secretary 2.00	0	0	0
Lee G. Davis 1203 Roberts Avenue Feasterville PA 19053	Board Member 1.00	0	0	0
Don Bak 107 Monticello Media PA 19063	Board Member 1.00	0	0	0
Harry K. Thomas 120 West 10th Street Erie PA 16501	Board Member 1.00	0	0	0
Harry F. Lee 22 North 7th Street Stroudsburg PA 18360	Board Member 1.00	0	0	0
Susan S. Delaney 122 Greenview Drive Indiana PA 15701	Board Member 1.00	0	0	0
Ralph H. Meyer 333 Fulton Street South Waverly PA 18840	Board Member 1.00	0	0	0
Debra D. Gentzler 58 South Schoolhouse Road Thomasville PA 17364	Board Member 1.00	0	0	0
Dr. John A. Hicks 416 Deer Run Road Slippery Rock PA 16057	Board Member 1.00	0	0	0
Eli Silberman 586 Franklin Way West Chester PA 19380	Board Member 1.00	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed ▶ <u>None</u>		
42a	The organization's books are in care of ▶ <u>PA State System of Higher</u> Telephone no ▶ <u>717-720-4051</u> <u>2986 N. 2nd Street</u> Located at ▶ <u>Harrisburg, PA</u> ZIP + 4 ▶ <u>17110-1201</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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.		X
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 <input type="checkbox"/>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?

	Yes	No
46		
47		
48		
49a		
49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: William B. McElwaine Date: 11-2-10

Type or print name and title: William B. McElwaine

Paid Preparer's Use Only

Preparer's signature: Howard R. Greenawalt CPA Date: 9-22-10 Check if self-employed:

Firm's name (or yours if self-employed): Greenawalt & Company, P.C. Preparer's Identifying Number (See instr): P00033890

address, and ZIP + 4: 400 West Main Street Mechanicsburg, PA 17055 EIN: 23-2405297 Phone: 717-766-4763

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Federal Statements**Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments**

<u>Description</u>	<u>Amount</u>
Membership dues	\$ 49,000
Total	\$ 49,000

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

<u>Description</u>	<u>Amount</u>
Expenses	\$
Office	115
Conferences & meetings	25,908
Total	\$ 26,023

Federal Statements**Statement 3 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose****Description**

To foster, improve, and promote interest in and support of the 14 universities of the PA State System of Higher Education and to assist in the planning and implementing the Commonwealth's policy of providing higher educational opportunities for students.

Statement 4 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments**Description**

The Association sponsored two conferences and a planning meeting during the year. These conferences provided an opportunity for the trustees from all of the 14 Pennsylvania state universities to gather to exchange ideas, attend workshops and hear speakers talk about the mission of providing higher education, and to discuss common issues that confront them in their roles as trustees.