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OMB No 1545-1150 2009

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

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.

Open to Public

Department of the Treasury

Intér	nal Reve	nue Service		► The organization may have to use a copy of this return to satisfy state reporting requi	ements		mspection
Α	For the	2009 calend	ar year,	or tax year beginning $02/17/10$, and ending $06/30/10$			
В	Check if	applicable	Please	C Name of organization	D	Emp	oloyer identification number
X	Address	change	use IRS	SUSQUEHANNA UNIVERSITY AND		•	•
П	Name ch		label or print or	ORTENZIO CHARITABLE TRUST		80	-6155309
X	Initial ret	-	type.	Number and street (or P O box, if mail is not delivered to street address) Room/si	ite E		ephone number
П	Terminat	tion	See	4718 GETTYSBURG ROAD 405			7-972-1305
\sqcap	Amende	d return	Specific Instruc-	City or town, state or country, and ZIP + 4	F		up Exemption
П	Application	on pending	tions	MECHANICSBURG PA 17055	1		nber ▶
	Sect	tion 501(c)(3) organi	zations and 4947(a)(1) nonexempt charitable trusts must attach G Acc	ounting m	ethod	X Cash Accrual
				mpleted Schedule A (Form 990 or 990-EZ). Other (s	ecify)		
ī	Website	e: ▶ N/	'A	· H Che	ck ▶ ∑	If th	e organization is not thedule B (Form 990,
J	Tax-exe	mpt status (ch	neck only or	e) — X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527	ired to at	fach Sc IO-PF)	chedule B (Form 990,
ĸ	Check	>	If the or	ganization is not a section 509(a)(3) supporting organization and its gross receipts a	re norma	ally no	t more than \$25,000 A
	Form 9	90-EZ or For		eturn is not required, but if the organization chooses to file a return, be sure to file a c			
L				9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ	· · · · · · · · · · · · · · · · · · ·	▶ :	
	art I			penses, and Changes in Net Assets or Fund Balances (See the	instru	ctions	
	1			nts, and similar amounts received		1	200,000
	2			enue including government fees and contracts		2	
ç≕⊃	3			nd assessments		3	
2011	4	Investment	ıncome			4	495
	5a	Gross amou	unt from	sale of assets other than inventory 5a			
en en≀	ь			pasis and sales expenses 5b	•	i	
	c	Gain or (loss)	from sale	of assets other than inventory (Subtract line 5b from line 5a)		5c	
鲁	6			vities (complete applicable parts of Schedule G). If any amount is from gaming, check here			
en	a	Gross rever				1	
6		reported on	line 1)	6a		1	
<u>Z</u>	b	Less direct	expense	es other tren fundralsing expenses,		1	
75	l c			from special events and activities (Subtract line 6b from line 6a)		6c	
SCAZZEO-ULN	7a			ntory, less returns and allowances			
T,	ь	Less cost of				1	
	С		_) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other reven	ue (des	cribe)	8	
	9	Total reven	ue. Add	lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9	200,495
	10			amounts paid (attach schedule)		10	
	11	Benefits pa	id to or f	or members		11	
S	12	Salaries, ot	her com	pensation, and employee benefits		12	
rses	13	Professiona	al fees a	nd other payments to independent contractors		13	
Expens	. 14			ilities, and maintenance		14	
ŭ	15	Printing, pu	blication	s, postage, and shipping		15	
	16			scribe ► SEE STATEMENT 1)	16	1
_	17	Total expe	nses. Ac	dd lines 10 through 16		17	1
	18	Excess or (deficit) f	or the year (Subtract line 17 from line 9)		_18	200,494
Net Assets	19	Net assets	or fund l	palances at beginning of year (from line 27, column (A)) (must agree with			
Ass				eported on prior year's return)		19	
<u>e</u>	20	Other chan	ges in n	et assets or fund balances (attach explanation)		20	
	21	Net assets	or fund l	palances at end of year Combine lines 18 through 20	•	21	200,494
	art II	Balan	ice Sh	eets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 in	stead of	Form	
				(See the instructions for Part II) (A) Beginning			(B) End of year
22	Cash,	savings, and	investm	ents		22	200,494
23	Land a	ind buildings				23	
24	Other a	assets (desc	ribe 🕨)		24	
25	Total a	assets			(25	200,494
26	Total I	iabilities (de	scribe I	·		26	0
27	Net as	sets or fund	balanc	es (line 27 of column (B) must agree with line 21)	(27	200,494
Fo	r Privac	v Act and Pa	aperwor	k Reduction Act Notice, see the separate instructions.			(N. Form 990-FZ (2009)

Form 990-EZ (2009) SUSQUEHAN Part III Statement of Progra	m Service Accomplishments		-6155309 ions for Part II	1.)	Exp	Page 2 enses
What is the organization's primary exempt	purpose?					or section
SEE STATEMENT 2		 				nd 501(c)(4)
Describe what was achieved in carrying out nanner, describe the services provided, the					_	ns and section
each program title	e number of persons benefited, or other	er relevant intomnation	101		r others)	trusts, optional
28 N/A					l others)	
.,,						
	If this amount includes foreign grants,	, check here	>	28a		
29						
(Grants \$	If this amount includes foreign grants,	check here	•	29a		
30	The amount mondes foreign grame,	, one or nois		250		
					ł	
\ 	If this amount includes foreign grants	, check here	<u> </u>	30a	L	
31 Other program services (attach schedu	•			_		
	If this amount includes foreign grants	, check here		31a	ļ	
32 Total program service expenses (add Part IV List of Officers, Directors	g lines 28a through 31a) s, Trustees, and Key Employees. List	t each one even if not o	compensated (Sec	► 32	Ictions fo	r Part IV \
		(b) Title and average	(c) Compensation	(d) Contrib	butions to	(e) Expense
(a) Name	and address	hours per week devoted to position	(If not paid, enter -0)	employee ber deferred con		account and other allowances
MARTIN J. ORTENZIO		TRUSTEE				-
		AS NEEDED	0		0	
RONALD A. COHEN		TRUSTEE - AS NEEDED		}		
			0			
MICHAEL COYNE		TRUSTEE AS NEEDED	0		0	(
	· · · · · · · · · · · · · · · · · · ·			<u> </u>		
				<u> </u>		· · ·
						
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	990-EZ (2009) SUSQUEHANNA UNIVERSITY AND 80-6155309 rt V Other Information (Note the statement requirements in the instructions for Part V.)		P	age 3
	outer information (Note the statement requirements in the mondetions for fair V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed		100	
	description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of			
	the changes	34		Х
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			
а	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?	35a		Χ
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
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	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr			
b	Did the organization file Form 1120-POL for this year?	37b	ļ	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?	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶ , section 4912 ▶ , section 4955 ▶	-	1	
D	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit		1	
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			ļ
	person in a prior year, and that the transaction has not been reported on any of the organization's prior	405		,
_	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part t Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	40b	 	X
·	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			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
·	transaction? If "Yes," complete Form 8886-T	40e	 	X
41	List the states with which a copy of this return is filed ▶ NONE		<u> </u>	1
42a		717-97	72-1	130
	4718 GETTYSBURG ROAD - SUITE 405			
	Located at ▶ MECHANICSBURG, PA ZIP+4 ▶	17055		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<u> </u>	X
	If "Yes," enter the name of the foreign country			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			▶ [
	and enter the amount of tax-exempt interest received or accrued during the tax year			
4.4	Out the assessment as a section and decreased found of 16 West 7 C 200	<u></u>	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ			V

Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If

"Yes," Form 990 must be completed instead of Form 990-EZ

45

45

Form	990-EZ (2		NNA UNIVERSITY A			-6155309			Page 4
Pai	rt VI		rganizations and section						
		501(c)(3) organizat	ions and section 4947(a)	(1) nonex	empt charitab	le trusts must	answer questi	ons 46-4	9b
			ables for lines 50 and 51.		•		•		
46	Did the oi		ect or indirect political campaign	•	behalf of or in opr	position to		Yes	s No
			s," complete Schedule C, Part I					46	X
47			bying activities? If "Yes," comple	te Schedule	C. Part II			47	X
48			ool as described in section 170(t			Schedule E		48	X
49a	_	· · · · · · · · · · · · · · · · · · ·	nsfers to an exempt non-charitab		•	Correduce L		49a	X
b		•	on a section 527 organization?	ic related or	gamzation			49b	+~
50			ation's five highest compensated	d omployees	(athor than affice	ra diractora trivata	on and line.	430	
30							=		
	employee		ore than \$100,000 of compensati	ion nom the	(b) Title and average	(c) Compensation	(d) Contributions to	(e) Exp	ense
			of each employee paid more \$100,000		hours per week devoted to position	(c) compensation	employee benefit plans & deferred compensation		and
NONE	2								
									
									·
	Total nur	nber of other employees	paid over \$100,000		•	<u> </u>		1	
							_		
51	Complete	e this table for the organiz	ation's five highest compensated	d indenende	nt contractors who	n each received m	ore than		
٠.	•	-	ne organization If there is none,	•		o cacin received in	ore than		
	Ψ100,000	or compensation from a	ic organization in there is none, t	CIRCI HONC					
-	(a) N	ame and address of each ind	ependent contractor paid more than \$	100.000	(b)) Type of service	(c) (Compensatio	
NIO.	NE				(4)	, .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(0)	Joinpoilou.c	
NO	INE						i.		
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	T			0400.000					
d	rotai nui	mber of other independer	it contractors each receiving ove	r \$100,000					
			declare that I have examined this retu and complete Declaration of prepare						
Sig	n	A V)))	or (other triair t	onicer, is based on a	/	/ N	owieuge	
_		ж <u></u>				1× 6-1	6-11	· · · · · · · · · · · · · · · · · · ·	
Her	e	Signature of officer MARTIN J	. ORTENZIO		יומיי	Date			
		Type or print name and			IRU	STEE			
	-		A	- -	Deta.	Observed	0	-1.6 N!	- (Can :==t)
	_	Preparer's	haul A. Aluis		Date	Check if self-	Preparer's Ide	entifying Numbe	r (See instr)
Pai	1	signature	The state of the state of		06/0	2/11 employed	▶□ P0048	36887	
Pre	parer's	Firm's name (or yours	MARTIN M. SACKS	& ASS	OCIATES			23-197	79781
Use	Only	if self-employed),	4775 LINGLESTOW				Phone		
	•	address, and ZIP + 4	HARRISBURG, PA	17112				7-657-	-1300
May	the IRS o		e preparer shown above? See in:				<u> </u>	X Yes	No
			<u> </u>					orm 990-	
								~~~	(2000)

## 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

SUSQUEHANNA UNIVERSITY AND ORTENZIO CHARITABLE TRUST

Employer identification number 80-6155309

		ORTENZIO CHA	RITABLE TRUST					80-	61553	309
Part	Reaso	on for Public Charity	Status (All organizations	s must c	omplete	e this p	art.) S	See in	structio	ns
The orga	anization is not a	private foundation because	e it is (For lines 1 through 11, o	check only	one box	)				
1	A church, con	vention of churches, or asso	ociation of churches described	ın section	170(b)(1	)(A)(i).				
2	A school desc	ribed in section 170(b)(1)(A	(ii). (Attach Schedule E )							
3	A hospital or a	a cooperative hospital service	e organization described in se	ction 170(	b)(1)(A)(i	ii).				
4	A medical res	earch organization operated	in conjunction with a hospital	described	ın sectio	n 170(b)	(1)(A)(ii	i). Ente	the hosp	ital's name,
	city, and state									
5	An organization	on operated for the benefit o	f a college or university owned	or operate	ed by a go	vernme	ntal unit	describ	ed in	
	section 170(b	)(1)(A)(iv). (Complete Part I	1)							
6	A federal, stat	e, or local government or go	overnmental unit described in s	ection 17	0(b)(1)(A)	(v).				
7	An organization	on that normally receives a s	substantial part of its support fr	om a gove	rnmental	unit or f	rom the	genera	public	
	described in s	ection 170(b)(1)(A)(vi). (Co	mplete Part II)							
8	A community	trust described in section 1	70(b)(1)(A)(vi). (Complete Part	t II )						
9	An organization	on that normally receives (1	) more than 33 1/3 % of its sup	port from	contributi	ons, me	mbersh	p fees,	and gross	3
	receipts from	activities related to its exem	pt functions—subject to certain	n exception	ns, and (2	) no mo	re than	33 1/3 9	% of its	
	support from 9	gross investment income an	d unrelated business taxable ii	ncome (les	s section	511 tax	) from b	usiness	es	
_	acquired by th	ne organization after June 30	D, 1975 See section 509(a)(2)	. (Complet	te Part III	)				
10	An organizatio	on organized and operated e	exclusively to test for public saf	ety See s	ection 50	9(a)(4).				
11 X	An organization	on organized and operated e	exclusively for the benefit of, to	perform th	ne functio	ns of, or	to carry	out the	•	
	purposes of o	ne or more publicly supporte	ed organizations described in s	ection 509	(a)(1) or	section :	509(a)(2	) See s	section	
			ne type of supporting organizat		•	nes 11e	through	11h		
_	ູa ⊠ Type		c Type III–Function			ď		e III–Ot	her	
e X	-		anization is not controlled direc	-						
			and other than one or more pu	blicly supp	orted org	anizatio	ns desc	ribed in	section	
		ection 509(a)(2)								
f			rmination from the IRS that it is	s a Type I,	Type II, o	or Type	III suppo	orting		
	-	check this box								X
g			ion accepted any gift or contrib	oution from	any of th	ne				
	following per									<del></del>
		•	introls, either alone or together	with perso	ons descr	ibed in (	11)			Yes No
	, ,		f the supported organization?							11g(i) X
		member of a person describ								11g(ii) X
		•	described in (i) or (ii) above?							11g(III) X
_ <u>h</u>	-		he supported organization(s)	1, , , ,						
• •	ne of supported rganization	(ii) EIN	(III) Type of organization (described on lines 1–9	1 ' '	organization sted in voiir		ou notify	(VI) organizat	s the	(vii) Amount of support
	gamzatan		above or IRC section	in col (i) listed in your governing document?		col (ı)	of your	(ı) organı	zed in the	одрого
			(see instructions))	Yes	No	Yes	No	Yes	No No	
2112	OHEHANNI	UNIVERSITY		163	- 10	163	140	162	NO	
505	QOEHWINIA.	23-1353385	2	Х		x	!	Х		200,000
		23 1333303		1 A		_^_		<u> </u>		200,000
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				1	1			-		
Total									1	200,000

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

12	Gross receipts from related activities, etc (see instructions)	12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)		
	organization, check this box and stop here		▶ 「
Sec	tion C. Computation of Public Support Percentage		

14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15	Public support percentage from 2008 Schedule A. Part II. line 14	15	%

15	Public support percentage from 2008 Schedule A, Part II, line 14	15	%_
16a	33 1/3 % support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this b	ox	
	and stop here. The organization qualifies as a publicly supported organization		▶ □

b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box

and see instructions		<b>-</b>
Schedule A (Form	990 or 990-EZ)	2009

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Total support. Add lines 7 through 10

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

`	(Complete only if you che	cked the box	on line 9 of Pa	ırt I.)			
	tion A. Public Support						
Cal	endar 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")						
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 exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
с 8	Add lines 7a and 7b  Public support (Subtract line 7c from line 6)						
Sec	tion B. Total Support	L	.t	<u>L</u>	Ī	<u> </u>	
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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, and 12)						
14	First five years. If the Form 990 is for the organization, check this box and stop her	•	st, second, third, fo	ourth, or fifth tax ye	ar as a section 50	1(c)(3)	▶ 「
Sec	tion C. Computation of Public S		ntage		· · · · · · · · · · · · · · · · · · ·		
15	Public support percentage for 2009 (line 8			mn (f))		15	%
16	Public support percentage from 2008 Sch		•			16	%
Sec	ction D. Computation of Investme	ent Income Pe	rcentage				
17	Investment income percentage for 2009 (	line 10c, column (	f) divided by line 1	3, column (f))		17	%
18	Investment income percentage from 2008					18	<u>%</u>
19a	.,						. –
	17 is not more than 33 1/3 %, check this i		-			•	▶ _
b	33 1/3 % support tests—2008. If the orga						. ┌
20	line 18 is not more than 33 1/3 %, check the Private foundation. If the organization did		<del>-</del>	· ·		•	
	die . de die digameuton di	Uncon a DOX	III I I I I I I		<u></u> and acc mand		

Page 4

Schedule A (Form 990 or 990-EZ) 2009 SUSQUEHANNA UNIVERSITY AND 80-6155309

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

Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses  Description Amount  EXPENSES FOREIGN TAXES TOTAL  Statement 2 - Form 990-EZ, Part III - Organization's Primary Exempt Purpos  Description  SUSQUEHANNA UNIVERSITY AND ORTENZIO CHARITABLE TRUST SUPPORTS THE CHARITABLE AND EDUCATIONAL PURPOSES OF SUSQUEHANNA UNIVERSITY, SPECIFT FOR THE SIGMUND WEIS SCHOOL OF BUSINESS AT SUSQUEHANNA UNIVERSITY.	
Statement 2 - Form 990-EZ, Part III - Organization's Primary Exempt Purpos  Description  SUSQUEHANNA UNIVERSITY AND ORTENZIO CHARITABLE TRUST SUPPORTS THE CHARITABLE AND EDUCATIONAL PURPOSES OF SUSQUEHANNA UNIVERSITY, SPECIF	
FOREIGN TAXES  TOTAL  Statement 2 - Form 990-EZ, Part III - Organization's Primary Exempt Purpos  Description  SUSQUEHANNA UNIVERSITY AND ORTENZIO CHARITABLE TRUST SUPPORTS THE CHARITABLE AND EDUCATIONAL PURPOSES OF SUSQUEHANNA UNIVERSITY, SPECIF	
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