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Department of the Treasury

### **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)

OMB No 1545-0047

Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2010 calendar year, or tax year beginning 09-01-2010 and ending 08-31-2011 D Employer identification number B Check if applicable HIGHER EDUCATION SERVICING CORPORATION 75-1661098 Address change Doing Business As Name change E Telephone number ☐ Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite (817) 265-9158 1250 E Copeland Road Terminated G Gross receipts \$ 10,862,883 Amended return City or town, state or country, and ZIP + 4 Arlington, TX 760114921 Application pending Name and address of principal officer H(a) Is this a group return for affiliates? Kathryn Bryan 1250 E Copeland Road ┌ Yes ┌ No H(b) Are all affiliates included? Suite 200 Arlıngton, TX 76011 If "No," attach a list (see instructions) H(c) Group exemption number ▶ **▽** 501(c)(3) **▽** Tax-exempt status 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 K Form of organization ✓ Corporation ✓ Trust ✓ Association ✓ Other ► L Year of formation 1978 M State of legal domicile TX Part I Summary Briefly describe the organization's mission or most significant activities Provides student loans and life of loan servicing of student loans under agreements with note holders operating as Higher Educucation Authorities and financial institutions. Also provides its own small independent student loan program. HESC is responsible for the reporting, collection, and accounting for the loans HESC also provides outreach sevices for North Texas Activities & Governance 2 Check this box 📂 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . 4 4 4 Number of independent voting members of the governing body (Part VI, line 1b) . 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) . 42 6 0 Total number of volunteers (estimate if necessary) . . . . 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 34 0 **Prior Year Current Year** 0 111,430 Contributions and grants (Part VIII, line 1h) . Program service revenue (Part VIII, line 2g) . 14,845,923 10,727,246 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 12,997 24,207 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 0 0 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 14,858,920 10.862.883 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 14 0 Benefits paid to or for members (Part IX, column (A), line 4) . . . . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-3,888,372 3,489,817 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . 0 0 b Total fundraising expenses (Part IX, column (D), line 25)  $\blacktriangleright$ **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 6,058,792 5,386,817 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 9,947,164 8,876,634 19 Revenue less expenses Subtract line 18 from line 12 . 4,911,756 1,986,249 (Assets or | nd Balances | **Beginning of Current End of Year** Year 20 23,027,160 24,856,959 Total assets (Part X, line 16) . . . 21 644,279 Total liabilities (Part X, line 26) . . . . 800,729 22 Net assets or fund balances Subtract line 21 from line 20  $\,$ 22,226,431 24,212,680 Signature Block 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. 2012-03-30 Signature of officer Sign Here Kathryn Bryan Executive Director Type or print name and title Check if self Print/Type preparer's name Preparer's signature employed 🕨 🛭

May the IRS discuss this return with the preparer shown above? (see instructions)  $\dots$  . . . .

Paid

Preparer

**Use Only** 

Fırm's name 🕨

Fırm's address

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Firm's EIN

Phone no 🕨

990 (2010)				Page Z
			II	୮
Briefly describe	the organization's mission			
xtent possible pro	vides support to association			
_		, -		┌ Yes ┌ No
If "Yes," describe	e these new services on Sche	edule O		
services?			conducts, any program · · · · · · · ·	┌ Yes ┌ No
If "Yes," describe	e these changes on Schedule	0		
Section 501(c)(3	3) and 501(c)(4) organization	ns and section 4947(a)(1) trusts	s are required to report the am	•
(Code	) (Expenses \$	8,255,159 including grants of \$	0) (Revenue \$	10,838,676 )
				g of loans held by other financial
(Code	) (Expenses \$	0 including grants of \$	0 ) (Revenue \$	0)
	, , , , , , , , , , , , , , , , , , , ,		, ,	,
(6.1	) (5		) (5	,
(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
-				
Other program s	services (Describe in Sched	ule O )		
(Expenses \$	· ·	•	O ) (Revenue \$	0 )
Total program s	ervice expenses►\$	8,255,159		
	Check if S Briefly describe C fosters quality s xtent possible pro nd 501 (c) (3) of t  Did the organizat the prior Form 99 If "Yes," describe Did the organizat services? If "Yes," describe C fosters quality s Did the organizat services of the exes Section 501(c)(3) allocations to oth  (Code Servicing and deve institutions Own and  (Code Outreach activities  (Code Outreach activities	Check if Schedule O contains a response of the c	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part I Briefly describe the organization's mission C fosters quality servicing for student loans, encourages and promotes student xtent possible provides support to associations, trusts, foundations and institud 501 (c) (3) of the Code  Did the organization undertake any significant program services during the year 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 services?  If "Yes," describe these changes on Schedule O  Describe the exempt purpose achievements for each of the organization's three Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusticallocations to others, the total expenses, and revenue, if any, for each program allocations to others, the total expenses, and revenue, if any, for each program (Code ) (Expenses \$ 8,255,159 including grants of \$ Servicing and development of computer systems to service student loans Program administrations. Own and service a small portfolio of student loans not covered by the federal edit (Code ) (Expenses \$ 0 including grants of \$ Outreach activities to local and regional students preparing for post secondary education  (Code ) (Expenses \$ including grants of \$ outreach activities to local and regional students preparing for post secondary education  Other program services (Describe in Schedule O) (Expenses \$ including grants of \$ outreach activities to local and regional students preparing for post secondary education	Check if Schedule O contains a response to any question in this Part III

Part IV	Checklist	of Red	uired	Schedu	ıles

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		Νo
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		Νo
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	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.	11b		Νο
c	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.	11c	Yes	
d	Did the organization report an amount for other assets 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.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes,"</i> complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $\$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
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? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		N o
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		No
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		N o
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νο
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
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 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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-24d and complete Schedule K. If "No," go to line 25	24a		No
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		No
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 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
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		N o
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		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νο
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N o
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section $512(b)(13)$ ?	35		Νο
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Form 990 (	2010)
Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
	<u> </u>		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 27			
•	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
:	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this			
	return			
•	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		103	
	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a		Νo
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		
	account)?	44		Νo
	If "Yes," enter the name of the foreign country ►			
	See manactions for immy requirements for Form FD F 30-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νc
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	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		Νo
,	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			N -
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N c
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			N. a
	file Form 8282?	7c		N c
	74			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			NI -
	contract?	7e 7f		N o N o
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	-		
	required?	7g	Yes	
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h	Yes	
	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		Νo
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a 9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	a		
	year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
	and moderation in additional information the organization made report on defleating of			
	Enter the amount of reserves the organization is required to maintain by the states			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  13b			
	Enter the amount of reserves on hand			
		1/1-		M ~
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No

Kathryn Bryan

(817) 265-9158

Suite 200

1250 E Copeland Road

Arlington, TX 760114921

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

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any	2		N o
3	other officer, director, trustee, or key employee?	3		
4	supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was			No
	filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? $\cdot$ $\cdot$	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal			
	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
ь	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	Yes	
Ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )			
	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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	45.		
		16b		
	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 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			
10	Own website Another's website Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of			
19	interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of th	ne orda	nization	n <b>Þ</b> -

### 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

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours	Posi	((	C <b>)</b> (che	cka			( <b>D)</b> Reportable compensation from the	(E) Reportable compensation	<b>(F)</b> Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) Kenneth D Woods Board President	25	х		х				800	0	0
(2) Jerry Lytle Vice President	25	х		Х				400	0	0
(3) Judy Schneider Secretary/Treasurer	25	х		х				800	0	0
(4) June Hagler Director	25	х						800	0	0
(5) Kathryn Bryan Executive Director	50			х	х	х		248,651	0	38,850
(6) Phillip Wambsganss Assoc Executive Director Industry Relations	40					х		123,208	0	23,017
(7) Rhonda Huntley Director of System Development	40					х		125,200	0	23,276
(8) Robert Sandlin Director of Policy & Compliance	40					х		105,886	0	20,765
(9) Robert Lamberson Assistant Director of Systems	40					х		105,013	0	20,652

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	-													
	(A) Name and Title	(B) Average hours	1	tion ( that a	(che		11		Rep comp	( <b>D)</b> ortable ensation m the	<b>(E)</b> Reportable compensatio from related		(F) Estima amount o	ated fother
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organiz	ration (W- 9-MISC)	organization (W- 2/1099 MISC)	s	compens from t organizati relati organiza	:he on and ed
							<u> </u>					_		
												_		
												_		
												+		
1b	Sub-Total		<u> </u>	<u>.                                    </u>		<u> </u>	<u> </u>	<u> </u>				$\dashv$		
С	Total from continuation sheets						Þ							
d	Total (add lines 1b and 1c) .							Þ		710,758		0	1	126,560
2	Total number of individuals (inc \$100,000 in reportable comper					ted	above	) who	receive	ed more tha	n			
													Yes	No
3	Did the organization list any <b>for</b> on line 1a? <i>If</i> "Yes," complete Sc.					eye •	mploy •	ee, o	r highes	t compens	ated employee	3		Νο
4	For any individual listed on line organization and related organiz	1a, is the sum o	freport	able (	comp							3		IN U
5	Individual	receive or acces		·	• ition	• from	n anv	• uprol	· ·		r individual for	4	Yes	
3	services rendered to the organiz								_		•	5		No
Se	ection B. Independent Con	itractors												
1	Complete this table for your five \$100,000 of compensation from			ndep	ende	ent c	ontra	ctors	that red	eived more	e than			
		(A) me and business ad								Descr	(B) uption of services		(C) Compen	

(A) Name and business address	( <b>B</b> ) Description of services	<b>(C)</b> Compensation
Edfinancial Services PO Box 36014 Knoxville, TN 37930	Loan Servicing Bureau	2,822,890
WF Tower-Dallas LLC 1250 E Copeland Road Suite 550 Arlington, TX 76011	Office Lease	465,477
Nelnet Loan Services 1215 13th Street Suite 201 Lincoln, NE 68508	Loan Servicing Bureau	781,840
5280 Solutions 457 New Karner Road Alnany, NY 12205	System Provider	259,194
Direct Mail Partners 1505 Wallace Suite 154 Carrollton, TX 75006	Postage and printing	234,810
2 Total number of independent contractors (including but not limited to those listed above)	who received more than	

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	excluded from tax under sections 512, 513, or
10.00	12	Federated campaigns	 1a	0				514
難								
<u>8</u> 6		Membership dues						
ffs,	С	Fundraising events	. 1c					
<u> </u>	d	Related organizations	. 1d	0				
sin	e	Government grants (contributions)	1e	111,430				
英草	f	All other contributions, gifts, grants, a	nd <b>1f</b>	0				i
皇专	-	similar amounts not included above  Noncash contributions included in lines	s 1a-1f \$	0				
Contributions, gifts, grants and other similar amounts	_		<b>.</b>		111,430			
	h	Total. Add lines 1a-1f	· · · · · · · · · · · · · · · · · · ·		111,430			
an.	_			Business Code				
iewei		Loan Origination and Servicing		611710		7,035,768		
a l		Loan Billing Fees Student Loan Income		611710 525990	3,557,979	3,557,979 133,499		
Ş.	d	Statelit Esan Elisanie		323330	133,499	155,499		
33	e		<del></del>					
Program Service Revenue		All other program service reve	nue			0	0	0
Ş					0		Ŭ	Ŭ
		Total. Add lines 2a-2f			10,727,246			
	3	Investment income (including	, , , , , , , , , , , , , , , , , , ,		24,207	0	0	24,207
		and other similar amounts). Income from investment of tax-exem		}	24,207	0		
	4 5	Royalties		-	0			
	5	Royalties	(ı) Real	(II) Personal	-			
	6a	Gross Rents	(i) Kedi	(ii) i ciociiai				
	ь	Less rental						
	c	expenses Rental income	0	0				
		or (loss)						
	a	Net rental income or (loss) .		(II) O ther				
	7a	Gross amount	(ı) Securities	(II) O ther				
	-	from sales of assets other						
	_	than inventory						
	Ь	Less cost or other basis and						
	c	sales expenses Gain or (loss)	0	0				
		Net gain or (loss)						
ás d		Gross income from fundraising						
Other Revenue		(not including 0						
٠ <u>٠</u>		\$O of contributions reported on lin	e 1c)					
œ		See Part IV, line 18	,					
her			a					
5		Less direct expenses						
		Net income or (loss) from fund						
		Less direct expenses	ıvıtıes See Part IV, line 19 . a					
		Net income or (loss) from game						
		Gross sales of inventory, less	<u> </u>					
		returns and allowances .						
	_		a					
		Less cost of goods sold .						
	С	Net income or (loss) from sale:  Miscellaneous Revenue	s of inventory F	Business Code				
	11a			Pusiliess Code				
	тта		<del></del>					
	_		<del></del>					
	C		<u> </u>					
		All other revenue						
	e	<b>Total.</b> Add lines 11a-11d .			0			
	12	Total revenue. See Instruction	s	ł				
					10,862,883	10,727,246	0	24,207
							rm <b>990</b> (20	

	990 (2010)				Page <b>10</b>
Par	t IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must			(D)	
	Il other organizations must complete column (A) but are not required to o	T .	(B)	(D).	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV $\!$	0	0		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	710,758	618,596	92,162	0
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0	0	0	0
7	Other salaries and wages	1,948,335	1,695,701	252,634	0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	314,608	273,817	40,791	0
9	Other employee benefits	327,636	285,152	42,484	0
10	Payroll taxes	188,480	· · · · · · · · · · · · · · · · · · ·	24,442	0
а	Fees for services (non-employees) Management	73,751	48,530	25,221	0
ь	Legal	48,743	· ·	4,492	0
c	Accounting	99,919	•	0	0
d	Lobbying	450	450	0	0
	Professional fundraising services See Part IV, line 17	+30	+30		
e •	Investment management fees	0	0	0	0
· .	· ·			<del>                                     </del>	
g 12	Other	3,839,602		0	0
12	Advertising and promotion	12,071	•	<del> </del>	0
13	Office expenses	453,694	<u> </u>	58,980	0
14	Information technology	113,790	,		0
15	Royalties	0		0	0
16	Occupancy	483,782	,		0
17 18	Travel	49,988	,		0
	state, or local public officials	0		0	0
19	Conferences, conventions, and meetings	0		0	0
20	Interest	0		0	0
21	Payments to affiliates	0		0	0
22	Depreciation, depletion, and amortization	98,476	,	12,802	0
23	Insurance	44,429	38,653	5,776	0
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	Dues and Subscriptions	46,560	46,560	0	0
b	Doubtful Account Expense	-10,890	-10,890	0	0
c	Miscellaneous Expense	5,033	5,033	0	0
d	Bank Fees	27,419	23,855	3,564	0
e					
f	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24f	8,876,634	8,255,159	621,475	0
26	Joint costs. Check here ► ☐ If following  SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a	3,57,0,034	3,233,133	321,113	
	combined educational campaign and fundraising solicitation				

Part X Balance Sheet (A) (B) Beginning of year End of year 300 300 1 10.972.628 2 13,458,324 2 0 0 3 3 585,327 4 466,713 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Assets 6 8 8 Prepaid expenses and deferred charges . . . . 49,892 44,715 10a Land, buildings, and equipment cost or other basis Complete 1.083.680 10a Part VI of Schedule D 1.056.048 ь Less accumulated depreciation . . . . . 10b 120.967 10c 27.632 ol 0 11 11 0 0 12 Investments—other securities See Part IV, line 11 . . . . . . . . . 12 11,277,648 10.843.583 13 13 Investments—program-related See Part IV, line 11 . . ol 0 14 14 20,398 15 15,692 15 16 23,027,160 16 24,856,959 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 644,279 800.729 17 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 Liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 0 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 25 0 25 Other liabilities Complete Part X of Schedule D . . . . . 26 800.729 26 644,279 Total liabilities. Add lines 17 through 25 . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets . . . . 22,226,431 27 24,212,680 0 28 Temporarily restricted net assets . . . . . 28 0 Fund ol 0 29 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds . . . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 22,226,431 33 24,212,680 33 Total net assets or fund balances . . . . . 34 Total liabilities and net assets/fund balances . . . . . 23.027.160 24.856.959

Pa	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		10.8	362,88
2	Total expenses (must equal Part IX, column (A), line 25)	2			376,63
3	Revenue less expenses Subtract line 2 from line 1	3		1,9	986,24
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		22,2	226,43
5	Other changes in net assets or fund balances (explain in Schedule O)	5			ı
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		24,2	212,68
Pai	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	•
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both	ssued		,	
	▼ Separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

**Employer identification number** 

### OMB No 1545-0047

Inspection

### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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

**Public Charity Status and Public Support** 

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

Name of the organization HIGHER EDUCATION SERVICING CORPORATION

	/5-1661098								
Part I	Reason for Public Charity Status (All organizations must complete this part.) See instruc	tions							
ne orgar	nization is not a private foundation because it is (For lines 1 through 11, check only one box )								
1 F	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )								
з Г	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state								
5	An organization operated for the benefit of a college or university owned or operated by a governmental uni	t describe	d ın						
	section 170(b)(1)(A)(iv). (Complete Part II )								
6 F	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>								
7	An organization that normally receives a substantial part of its support from a governmental unit or from the described in	e general	public						
	section 170(b)(1)(A)(vi) (Complete Part II)								
8	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)	<b>6</b>							
9	An organization that normally receives (1) more than 331/3% 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 331/3% of								
	its support from gross investment income and unrelated business taxable income (less section 511 tax) fr	om busine	esses						
<u> </u>	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III )								
.0   .1	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).								
.1	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carrone or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See sective box that describes the type of supporting organization and complete lines 11e through 11h  a Type I  b Type II  c Type III - Functionally integrated  d F		a)(3).	Chec					
e 🔽	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more d other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(2)	•	•						
f	If the organization received a written determination from the IRS that it is a Type I, Type II or Type III superheads this box	porting o	rganız	ation,					
g	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?	ſ	I						
	(i) a person who directly or indirectly controls, either alone or together with persons described in (ii)	4.4 (:)	Yes	No					
	and (III) below, the governing body of the the supported organization?	11g(i)		No					
	(ii) a family member of a person described in (i) above?	11g(ii)		No					
L	(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		Νo					
h	Provide the following information about the supported organization(s)								

<b>(ii)</b> EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	organızatı col (ı) lıst your gove	e ion in ted in rning	organızat col (ı) of	d you notify the Is the rganization in		e ion in anized	(vii) A mount of support
	instructions))	Yes	No	Yes	No	Yes	No	
756004503	6	Yes		Yes		Yes		0
756000514	6	Yes		Yes		Yes		0
								0
_	EIN 756004503	Type of organization (described on lines 1- 9 above or IRC section (see instructions))  756004503  6	Type of organization (described on lines 1- 9 above or IRC section (see instructions))  756004503  Type of Is the organization (col (i) list your gove docume  Yes	Type of organization (described on lines 1- 9 above or IRC section (see instructions))  Type of Is the organization in col (i) listed in your governing document?  Yes No	Type of organization (described on lines 1- 9 above or IRC section (see instructions))  Type of Organization (Is the organization in col (i) listed in your governing document?  Yes No Yes  (v) Did you not organization in col (i) listed in your governing document?  Yes No Yes	Type of organization (described on lines 1- 9 above or IRC section (see instructions))  Type of organization (listed in your governing document?  Yes No Yes (v)  Did you notify the organization in col (i) listed in your governing document?  Yes No Yes No	Type of organization (described on lines 1- 9 above or IRC section (see instructions))  Type of organization (described on lines 1- 9 above or IRC section (see instructions))  Type of organization in col (i) listed in your governing document?  Type of organization in col (i) listed in your governing document?  Type of organization in col (i) listed in your governing document?  Type of organization in col (i) listed in your governing document?  Type of organization in col (i) of your support?	Type of organization (described on lines 1- 9 above or IRC section (see instructions))  Type of organization (listed in your governing document?  Type of organization in col (i) listed in your governing document?  Yes No Yes No Yes No  (v) (vi) Is the organization in col (i) of your support?  Is the organization in col (i) of your support?  Yes No Yes No  Yes Yes

## 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	dider rate III. If the	organización i	ans to quanty t	maci the tests	iisted below, pie	case complet	c raic III.
S	ection A. Public Support		_				
Cale	endar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
_	behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5 from						
Ü	line 4						
S	ection B. Total Support	1				I	
	endar year (or fiscal year beginning						
Cur	in) ►	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	( <b>d)</b> 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
0	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
-	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV )						
11	Total support (Add lines 7						
	through 10)						
12	Gross receipts from related activities	es, etc (See inst	ructions )			12	
13	First Five Years If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	nızatıon,
	check this box and <b>stop here</b>	_	r		•	. , . , -	<b>▶</b> ┌॔
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2010	(lıne 6 column (	f) divided by line	11 column (f))		14	
15	Public Support Percentage for 2009	Schedule A Par	rt II line 14			15	
							<del> </del>
16a	<b>33 1/3% support test—2010.</b> If the				line 14 is 33 1/3%	or more, chec	
	and <b>stop here.</b> The organization qua	•				2.2.4.204	<b>▶</b> [
b	33 1/3% support test—2009. If the				oa, and line 15 is :	1/3% or mor کد	. <del>-</del>
17-	box and <b>stop here.</b> The organization				12 16 1C	handler - 4.4	▶
r/a	10%-facts-and-circumstances test-						ın.
	is 10% or more, and if the organization made			•			
	in Part IV how the organization mee	is the facts and	circumstances"	test ine organiz	acion quanifies as	a publicly supp	orted F
<b>L</b>	organization 10%-facts-and-circumstances test-	_2000 Ifthe era	anization did not	chack a hay an lu	no 13 165 166 5	or 17a and line	F1
ט	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat			•		<u>-</u>	clv
	supported organization	aon meets the 16	aces and circuitis	tances test life	. organization qual	iiiies as a publi	ETY ▶ ¯
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b. check this	box and see	- 1
	instructions	a.a not ender		, , 0 0 , 7 0 0	. 2. 2, 511558 61115		<b>▶</b> □

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts 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 c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) 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 Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15				
Public support percentage from 2009 Schedule A, Part III, line 15		16				
Section D. Computation of Investment Income Percentage						
17	Investment income percentage for <b>2010</b> (line 10c column (f) divided by line 13 column (f))	17				
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18				

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493090010132

### OMB No 1545-0047

**Political Campaign and Lobbying Activities** For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public

Department of the Treasury Internal Revenue Service

**SCHEDULE C** (Form 990 or 990-EZ)

> ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

	ne of the organization	zations Complete Part III		Emplover	identification number
	HER EDUCATION SERVICING CORPORA	ATION			
ari	I-A Complete if the or	ganization is exempt und	er section 501(	75-1661 c) or is a section	
	•		_		oz, organizacióni
L •		ganization's direct and indirect po	olitical campaign act	ivities in Part IV	
2 3	Political expenditures			•	\$
•	Volunteer hours				
ar	I-B Complete if the or	ganization is exempt und	er section 501(	c)(3).	
1	Enter the amount of any excise	e tax incurred by the organizatior	under section 4955	5	<b>&gt;</b> \$
2	Enter the amount of any excise	e tax incurred by organization ma	nagers under sectio	n 4955	<b>&gt;</b> \$
3	If the organization incurred a s	section 4955 tax, did it file Form	4720 for this year?		☐ Yes ☐ No
<del>1</del> a	Was a correction made?				┌ Yes
b	If "Yes," describe in Part IV				
ar	-	ganization is exempt und			501(c)(3).
1		ended by the filing organization fo			<b>-</b> \$
2	Enter the amount of the filing of exempt funtion activities	organization's funds contributed t	o other organizations	s for section 527	<b>▶</b>
_	•	Add lines 1 and 2 Fateur	117	10 DOI line 17h	-
3		tures Add lines 1 and 2 Enter h	ere and on Form 112	.U-PUL, line 17b	* <u> </u>
4	Did the filing organization file I	Form 1120-POL for this year?			┌ Yes ┌ No
5	· ·	nd employer identification numbe			
5	organization made payments l amount of political contribution	nd employer identification numbe For each organization listed, ente ns received that were promptly ai political action committee (PAC)	r the amount paid frond frond directly delivered	om the filing organization to a separate political	on's funds Also enter the organization, such as a
	organization made payments l amount of political contribution	For each organization listed, ente ns received that were promptly ai	r the amount paid frond frond directly delivered	om the filing organization to a separate political	on's funds Also enter the organization, such as a remation in Part IV  om contributions received and promptly and directly delivered to a separate political
	organization made payments amount of political contribution separate segregated fund or a	For each organization listed, ente ns received that were promptly ai political action committee (PAC)	r the amount paid frond directly delivered ) If additional space	om the filing organization to a separate political is needed, provide info	on's funds Also enter the organization, such as a ormation in Part IV  om cs -0- directly delivered to a separate political organization If none,
	organization made payments amount of political contribution separate segregated fund or a	For each organization listed, ente ns received that were promptly ai political action committee (PAC)	r the amount paid frond directly delivered ) If additional space	om the filing organization to a separate political is needed, provide info	on's funds Also enter the organization, such as a ormation in Part IV  (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
	organization made payments amount of political contribution separate segregated fund or a	For each organization listed, ente ns received that were promptly ai political action committee (PAC)	r the amount paid frond directly delivered ) If additional space	om the filing organization to a separate political is needed, provide info	on's funds Also enter the organization, such as a ormation in Part IV  (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
	organization made payments amount of political contribution separate segregated fund or a	For each organization listed, ente ns received that were promptly ai political action committee (PAC)	r the amount paid frond directly delivered ) If additional space	om the filing organization to a separate political is needed, provide info	on's funds Also enter the organization, such as a ormation in Part IV  (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
	organization made payments amount of political contribution separate segregated fund or a	For each organization listed, ente ns received that were promptly ai political action committee (PAC)	r the amount paid frond directly delivered ) If additional space	om the filing organization to a separate political is needed, provide info	on's funds Also enter the organization, such as a ormation in Part IV  om cs -0- directly delivered to a separate political organization If none,
	organization made payments amount of political contribution separate segregated fund or a	For each organization listed, ente ns received that were promptly ai political action committee (PAC)	r the amount paid frond directly delivered ) If additional space	om the filing organization to a separate political is needed, provide info	on's funds Also enter the organization, such as a ormation in Part IV  om cs -0- directly delivered to a separate political organization If none,
	organization made payments amount of political contribution separate segregated fund or a	For each organization listed, ente ns received that were promptly ai political action committee (PAC)	r the amount paid frond directly delivered ) If additional space	om the filing organization to a separate political is needed, provide info	on's funds Also enter the organization, such as a ormation in Part IV  om cs -0- directly delivered to a separate political organization If none,
	organization made payments amount of political contribution separate segregated fund or a	For each organization listed, ente ns received that were promptly ai political action committee (PAC)	r the amount paid frond directly delivered ) If additional space	om the filing organization to a separate political is needed, provide info	on's funds Also enter the organization, such as a ormation in Part IV  om cs -0- directly delivered to a separate political organization If none,
	organization made payments amount of political contribution separate segregated fund or a	For each organization listed, ente ns received that were promptly ai political action committee (PAC)	r the amount paid frond directly delivered ) If additional space	om the filing organization to a separate political is needed, provide info	on's funds Also enter the organization, such as a ormation in Part IV  om cs -0- directly delivered to a separate political organization If none,
	organization made payments amount of political contribution separate segregated fund or a	For each organization listed, ente ns received that were promptly ai political action committee (PAC)	r the amount paid frond directly delivered ) If additional space	om the filing organization to a separate political is needed, provide info	on's funds Also enter the organization, such as a ormation in Part IV  (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
5	organization made payments amount of political contribution separate segregated fund or a	For each organization listed, ente ns received that were promptly ai political action committee (PAC)	r the amount paid frond directly delivered ) If additional space	om the filing organization to a separate political is needed, provide info	on's funds Also enter the organization, such as a ormation in Part IV  (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,

Sc	hedule C (Form 990 or 990-EZ) 2010						Page <b>2</b>
P	art II-A Complete if the organization under section 501(h)).	is ex	cempt under	section 501(c	)(3) and fi	led Form 5768	
A B	Check   If the filing organization belongs to a Check   If the filing organization checked bo			" provisions apply	/		
	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)					<b>(a)</b> Filing Organization's Totals	<b>(b)</b> Affiliated Group Totals
<u>1</u> a	Total lobbying expenditures to influence public o	pinion	(grass roots lob	oyıng)			
b	Total lobbying expenditures to influence a legisl	atıve b	ody (direct lobby	ıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)					
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures (add lines 1	c and :	Ld)				
f	Lobbying nontaxable amount Enter the amount columns						
	If the amount on line 1e, column (a) or (b) is:	The	lobbying nontaxa	ble amount is:			
	Not over \$500,000	20%	of the amount on lin	e 1e			
	Over \$500,000 but not over \$1,000,000	\$100	,000 plus 15% of the	excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175	,000 plus 10% of the	excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225	,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,00	00,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1 f)					
_	Subtract line 1g from line 1a If zero or less, ent	-					
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -					
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h d	or line 11, did the	organization file F	orm 4720 rep	orting	┌ Yes ┌ No
	4-Year Av (Some organizations that made a columns below. See t	secti	on 501(h) ele		havè to co		ne five
	Lobbying Exp	endit	ures During 4	l-Year Averag	jing Period		
	Calendar year (or fiscal year						

	Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	<b>(e)</b> Total		
2a	Lobbying non-taxable amount							
b	Lobbying ceiling amount (150% of line 2a, column(e))							
С	Total lobbying expenditures							
d	Grassroots non-taxable amount							
e	Grassroots ceiling amount (150% of line 2d, column (e))							
f	Grassroots lobbying expenditures							

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

	(creation under section set(ii)).	(a)		(b)
		Yes	No	A mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		Νo	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo	
С	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
е	Publications, or published or broadcast statements?		Νο	
f	Grants to other organizations for lobbying purposes?	Yes		450
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νο	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo	
i	Other activities? If "Yes," describe in Part IV		Νο	
j	Total lines 1c through 1i			450
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

## Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

# Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
ь	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

### Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
SchC_P2B_S00_L01		HESC is an associate member of the Education Finance Council, a 501(c)(6) organization that spends 5% of its revenues on lobbying activities. The \$450 represents the equivilent amount of lobbying expense paid by HESC through its membership dues.

1

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493090010132

Held at the End of the Year

2a

2b

OMB No 1545-0047

2010

Open to Public Inspection

### 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.

**Employer identification number** Name of the organization HIGHER EDUCATION SERVICING CORPORATION 75-1661098 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if 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) 3 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 □ No 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 may 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

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Purpose(s) of conservation easements held by the organiz	tion (check all that apply)	
Preservation of land for public use (e g , recreation or	leasure)	ınd area
Protection of natural habitat	Preservation of a certified historic structure	
Preservation of open space		
Consider the second state of the second seco	and the second s	

- 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
- a Total number of conservation easements
   b Total acreage restricted by conservation easements
- c Number of conservation easements on a certified historic structure included in (a)
  d Number of conservation easements included in (c) acquired after 8/17/06

  2d

  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 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?
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year \* 5

  B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
- 9 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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

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

2 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

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

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

Part	Organizations Maintaining Co	llections of Ar	t, His	stori	<u>cal Tı</u>	reasur	es, or Ot	he	r Similar Asse	ts (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	he fol	lowing <sup>.</sup>	that are	a sıgnıfıcar	nt us	se of its collection	l	
а	Public exhibition		d	Γ	Loan	orexch	ange progra	ms			
b	Scholarly research		e	$\Gamma$	Other	r					
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and expla	ain ho	w the	y furthe	er the or	ganızatıon's	s ex	empt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,						Yes	Г No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Compl	ete ıf	the	organ	ızatıon			es" to Form 990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterm	edıary	for c	ontribu	ıtıons or	other asse	ts n	ot	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving t	able		_		Amou	m#	
_	B						<u> </u>		A mou	nt	
c d	Additions during the year						<b>-</b>	ld lc			
e	The state of the s										
f	- '							lf			
' 2a	Ending balance  Did the organization include an amount on Fo	orm 990 Bort V III	0 717	,			<u></u>	••		Yes	
	If "Yes," explain the arrangement in Part XIV		ie ZI?						ı	res	) NO
	rt V Endowment Funds. Complete		n and	:WAr	ad "Va	s" to F	orm 990	Dari	t IV line 10		
Гч	Endownient i unus. complete	(a)Current Year		)Prior						Four Y	ears Back
1a	Beginning of year balance	, ,									
ь	Contributions										
c	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as								
а	Board designated or quasi-endowment 🕨										
ь	Permanent endowment 🕨										
c	Term endowment ▶										
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	ation	that	are held	d and ad	lmınıstered	for	the	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		<u> </u>
	If "Yes" to 3a(II), are the related organizatio	•						•	3b		<u> </u>
4	Describe in Part XIV the intended uses of th					00 Da	سلا السما				
Раг	t VI Investments—Land, Buildings	s, and Equipme	ent. S			•	i '				
	Description of investment				a) Cost o sıs (ınve		( <b>b)</b> Cost or of basis (othe		(c) Accumulated depreciation	<b>(d)</b> B	ook value
1a	Land					0		0			0
Ь	Buildings		•			0		0	0		0
С	Leasehold improvements		•	<u> </u>		112,606		0	111,439		1,167
	Equipment					971,074		0	944,609		26,465
	Other		•			0	<u> </u>	0	0		0
Tota	I. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, colu	mn (B	), line	10(c).)	)		•	•		27,632
									Schedule D (F	orm 9	90) 201

(a) Description of security or category		. (c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	<b>F</b> 200 B 1 V 1	
Part VIII Investments—Program Related. Se		.3. (c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
(1) Student Loan Notes Receivable - Net	4,004,274	С
(2) System Development	6,839,309	С
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )	<b>1</b> 0,843,583	
Part IX Other Assets. See Form 990, Part X,	1	
(a) Descr	ription	(b) Book value
	45.	
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line <b>Part X</b> Other Liabilities. See Form 990, Part		
1 (a) Description of Liability	( <b>b</b> ) A mount	
Federal Income Taxes		
	+	
	+	

3   1,988	5,634 5,249 0 0 0 0 0
3   1,988	0 0 0 0 5,249
3   1,988	0 0 0 0 0 0 0 5,249
S	0 0 0 0 0 0 5,249
5         Donated services and use of facilities         5         6           6         Investment expenses         6         7           7         Prior period adjustments         7         8           8         Other (Describe in Part XIV)         8         9           9         10         1,98         10         1,98           Part XII         Reconciliation of Revenue per Audited Financial Statements With Revenue per Return         1         1,086           1         Amounts included on line 1 but not on Form 990, Part VIII, line 12         2         0         4           8         1         2a         0         4         4           9         2a         2a         0         4	0 0 0 0 5,249
Note   Content   Content	0 0 0 5,249
7         Prior period adjustments         7         8         Other (Describe in Part XIV)         8         0         0         10         1,98           90         Total adjustments (net) Add lines 4 - 8         90         10         1,98           Part XII         Reconciliation of Revenue per Audited Financial Statements With Revenue per Return         1         1,086         1         1,086         2         1         1,086         2         2         0         0         1         1,086         2         0 </th <td>0 0 5,249</td>	0 0 5,249
8 Other (Describe in Part XIV)       8         9 Total adjustments (net) Add lines 4 - 8       9         10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9       10 1,98         Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return         1 Total revenue, gains, and other support per audited financial statements   1	05,249
Total adjustments (net) Add lines 4 - 8         9           10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9         10         1,98           Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return           1         10,86           2         Amounts included on line 1 but not on Form 990, Part VIII, line 12         1         10,86           3         Net unrealized gains on investments	5,249
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return  1 Total revenue, gains, and other support per audited financial statements	
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return  1 Total revenue, gains, and other support per audited financial statements	
1         Total revenue, gains, and other support per audited financial statements         1         10,86           2         A mounts included on line 1 but not on Form 990, Part VIII, line 12         2         4	2,883
A Net unrealized gains on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIV)	
Add lines 2a through 2d	
3 Subtract line 2e from line 1	
A mounts included on Form 990, Part VIII, line 12, but not on line 1  a Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0  b Other (Describe in Part XIV)	0
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0 b Other (Describe in Part XIV)	.883
b Other (Describe in Part XIV)	
c Add lines 4a and 4b	
Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return  1 Total expenses and losses per audited financial 8,87	0
1 Total expenses and losses per audited financial 8,87	2,883
statements	,634
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	
a Donated services and use of facilities	
<b>b</b> Prior year adjustments	
c Other losses	
d Other (Describe in Part XIV)	
e Add lines 2a through 2d	0
3 Subtract line 2e from line 1	5,634
4 A mounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a 0	
<b>b</b> Other (Describe in Part XIV)	
c Add lines <b>4a</b> and <b>4b</b>	
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	0
Part XIV Supplemental Information	05,634

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**Compensation Information** 

DLN: 93493090010132

OMB No 1545-0047

Open to Public

Inspection

### **Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization HIGHER EDUCATION SERVICING CORPORATION **Employer identification number** 

75-1661098

Pai	t I Questions Regarding Compensation	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	$\vdash$	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses desc			1b		
2	Did the organization require substantiation prior to r officers, directors, trustees, and the CEO/Executive			2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the Compensation committee		•			
	Independent compensation consultant	ı Iz	Compensation survey or study			
	Form 990 of other organizations	٠ اح	·			
	1 offin 990 of other organizations	14	Approval by the board of compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part V I	I, Section A, line $1a$ with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymei	nt from the organization or a related organization?	4a		Νo
b	Participate in, or receive payment from, a supplement	ntal nor	nqualified retirement plan?	4b		Νο
c	Participate in, or receive payment from, an equity-ba	ased co	ompensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide tl	he applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	ıst com	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of $% \left( 1\right) =\left( 1\right) \left( 1\right)$	lıne 1a	, did the organization pay or accrue any			
а	The organization?			5a		No
b	Any related organization?			5b		Νο
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of $% \left\{ 1,2,3,3,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4$	line 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		No
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," of			7		No
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in		·			
	ın Part III	-		8		No
9	If "Yes" to line 8, did the organization also follow the	e rebutt	able presumption procedure described in Regulations			
	section 53 4958-6(c)?		· · ·	9		1

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

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

(A) Name		<b>(B)</b> Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) Kathryn Bryan	(I) (II)	200,000	48,651 0		31,850 0	7,000 0		307,155 0
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
( 10 )								
( 11 )								
( 12 )								
( 13 )								
( 14 )								
( 15 )								
( 16 )								

Schedule J (Form 990) 2010 Page **3** 

### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2010

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DLN: 93493090010132

OMB No 1545-0047

2010

Department of the Treasury Internal Revenue Service

**SCHEDULE 0** 

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization HIGHER EDUCATION SERVICING CORPORATION **Employer identification number** 

75-1661098

ldentifier	Return Reference	Explanation
F990_P06_S0B_L11a	· '	Form 990 is prepared by the HESC Director of Accounting, reviewed by the HESC CFO and CEO, and forwarded to the HESC Board President for review before it is filed

ldentifier	Return Reference	Explanation
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	HESC's General Counsel attends every Board meeting. The General Counsel reviews the conflict of interest policy with the Board members on an annual basis and enforces compliance with the policy.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L15		The Board of Directors is provided industry related salary surveys and information prepared by third parties. Comparable jobs and salaries are reviewed prior to annual budget salaries being set.

ldentifier	Return Reference	Explanation
F990_P06_S0C_L17		HESC is a non-profit corporation formed under the laws of the State of Texas Texas has no requirement for filing Form 990

ldentifier	Return Reference	Explanation
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	HESC provides its audited financial statements and reports to the public upon written request HESC does not make its governing documents and conflict of interest policy available to the public

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493090010132

**SCHEDULE R Related Organizations and Unrelated Partnerships** (Form 990) ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

2010

**Employer identification number** 

75-1661098

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

Name of the organization

HIGHER EDUCATION SERVICING CORPORATION

► Attach to Form 990. See separate instructions. Internal Revenue Service

identification of dislegal ded Entitles (Complete	e ii ule organizauc	лі а	iiswei eu 1 es	UII	ruilli 990, Pa	1 ( 1	.v, iiile 33.)					
(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity		(c) Legal domicile (state or foreign country)		<b>(d)</b> Total income		<b>(e)</b> End-of-year assets		<b>(f)</b> Direct controlling entity			
(1) HESC INC 1250 E Copeland Road Suite 200 Arlington, TX 760114921 75-2209271	Marketing Student Loa		тх				66		Higher Education Servicing 6 Corporation			
Part II Identification of Related Tax-Exempt Organiza or more related tax-exempt organizations during the		ıf th	e organizatior	n ans	swered "Yes"	on	Form 990, Part	ΙV,	line 34 because	e it had	one	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Lega or f	(c) Legal domicile (state or foreign country)		(d) npt Code section	Pu (if	(e)  Iblic charity status section 501(c)(3))	ſ	<b>(f)</b> Direct controlling entity		g) 12(b)(13 rolled ızatıon	
										Yes	No	
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Cat No 5	0135	SY.				Schedule R (Fo	orm 990)	2010	

<b>(a)</b> ame, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets		(h) Disproprtiona allocations?		(i) Code V— amount in bo Schedule (Form 10	x 20 of K-1	(j) General or managing partner?		<b>(k)</b> Percentage ownership
								Yes	No			Yes	No	
				ble as a Corpora zations treated as a						nswered "Y	'es" on	Form	990,	Part IV,
(a) Name, address, and EIN of related organization			<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	Direct cor	entity (C c		entity Share of Stare		<b>(f)</b> f total income	(g) Share of end-of-year assets			<b>(h)</b> Percentage ownership
				1	1		1		1					

(5)

(6)

Par	t V	<b>Transactions With Related Organizations</b> (Complete if the organization answered	l "Yes" on Form 990, Pa	rt IV, line 34, 35, 3	5A, or 36.)		
	Note. C	omplete line 1 if any entity is listed in Parts II, III or IV				Yes	No
<b>1</b> Du	rıng the	tax year, did the orgranization engage in any of the following transactions with one or more related	organizations listed in Par	ts II-IV?			
а	Receip	t of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			<b>1</b> a		
b	Gıft, gr	ant, or capital contribution to other organization(s)			1b		<u> </u>
c	Gıft, gra	ant, or capital contribution from other organization(s)			<b>1</b> c		
d	Loans	or loan guarantees to or for other organization(s)			1d		
e	Loans	or loan guarantees by other organization(s)			1e		
							<u> </u>
f :	Sale of	assets to other organization(s)			1f		
g	Purcha	se of assets from other organization(s)			<b>1</b> g		
h	Exchar	ge of assets			1h		ļ
i l	_ease o	f facilities, equipment, or other assets to other organization(s)			1i		
j l	Lease	of facilities, equipment, or other assets from other organization(s)			1 <u>j</u>		<u> </u>
k	Perforn	nance of services or membership or fundraising solicitations for other organization(s)			1k		<u> </u>
I F	Perform	ance of services or membership or fundraising solicitations by other organization(s)			11		<b></b>
m :	Sharıng	of facilities, equipment, mailing lists, or other assets			1m		
n	Sharıng	g of paid employees			1n		
0	Reimbi	irsement paid to other organization for expenses			10		<b></b>
p	Reımbu	irsement paid by other organization for expenses			<b>1</b> p		
							<u> </u>
q	O ther t	ransfer of cash or property to other organization(s)			1q		<b></b>
r	O ther t	ransfer of cash or property from other organization(s)			1r		
2	If the a	nswer to any of the above is "Yes," see the instructions for information on who must complete this li	ine, including covered relat	ionships and transact	ıon thresholds		
		<b>(a)</b> Name of other organization	<b>(b)</b> Transaction type(a-r)	(c) Amount involved	(d) Method of determin involved		ount
(1)							
(2)							
(3)							
(4)							
(4)							
					1		

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d Are parti sect 501(d organiz	ners ion :)(3) :ations?	<b>(e)</b> Share of end-of-year assets		rtionate cions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	agın tner?
			Yes	No		Yes	No		Yes	N
										+
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### Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier I Return Reference I	er Return Reference Explanation
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Schedule R (Form 990) 2010