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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

# 2012

Open to Public  
Inspection

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

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities,  
and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).  
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000  
at the end of the year may use this form.

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

Department of the Treasury  
Internal Revenue Service

**A** For the 2012 calendar year, or tax year beginning 07/01/12, and ending 06/30/13

**B** Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

**C** Name of organization

Pennsylvania Association of Council  
of Trustees

Number and street (or P O box, if mail is not delivered to street address)

2986 North 2nd Street

City or town, state or country, and ZIP + 4

Harrisburg PA 17110

**D** Employer identification number

25-1738085

**E** Telephone number

717-720-4051

**F** Group Exemption

Number ▶

**G** Accounting Method  Cash  Accrual Other (specify) ▶

**H** Check  if the organization is not  
required to attach Schedule B

**I** Website: ▶ N/A

(Form 990, 990-EZ, or 990-PF)

**J** Tax-exempt status (check only one) —  501(c)(3)  501(c)( 4 ) (insert no)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally  
not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if  
the organization chooses to file a return, be sure to file a complete return.

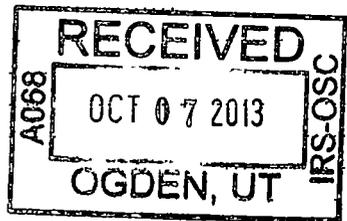
**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,  
line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.

▶ \$ 49,000

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

Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5c	6d	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21				
Revenue	1	Contributions, gifts, grants, and similar amounts received																								
	2	Program service revenue including government fees and contracts																								
	3	Membership dues and assessments																						49,000		
	4	Investment income																								
	5a	Gross amount from sale of assets other than inventory										5a														
	b	Less cost or other basis and sales expenses										5b														
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																								
	6	Gaming and fundraising events																								
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)										6a														
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)										6b															
c	Less direct expenses from gaming and fundraising events										6c															
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																									
7a	Gross sales of inventory, less returns and allowances										7a															
b	Less cost of goods sold										7b															
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																									
8	Other revenue (describe in Schedule O)																									
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																							49,000		
Expenses	10	Grants and similar amounts paid (list in Schedule O)																								
	11	Benefits paid to or for members																								
	12	Salaries, other compensation, and employee benefits																								
	13	Professional fees and other payments to independent contractors																							1,545	
	14	Occupancy, rent, utilities, and maintenance																								
	15	Printing, publications, postage, and shipping																								
	16	Other expenses (describe in Schedule O)																							26,032	
17	<b>Total expenses.</b> Add lines 10 through 16																							27,577		
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																							21,423	
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																								55,923
	20	Other changes in net assets or fund balances (explain in Schedule O)																								
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20																							77,346	



For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2012)

14 P

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**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	55,923	22	77,346
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	55,923	25	77,346
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	55,923	27	77,346

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others )

What is the organization's primary exempt purpose?

See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 See Schedule O

(Grants \$ ) If this amount includes foreign grants, check here  28a 26,032

29

(Grants \$ ) If this amount includes foreign grants, check here  29a

30

(Grants \$ ) If this amount includes foreign grants, check here  30a

31 Other program services (describe in Schedule O)

(Grants \$ ) If this amount includes foreign grants, check here  31a

32 Total program service expenses (add lines 28a through 31a)  32 26,032

**Part IV List of Officers, Directors, Trustees, and Key Employees** List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Dr. John A. Hicks President	5.00	0	0	0
Marcus Lingenfelter 1st Vice President	4.00	0	0	0
Eli Silberman 2nd Vice President	4.00	0	0	0
Dr. William B. McIlwaine Treasurer	3.00	0	0	0
Susanne A. Burns Secretary	2.00	0	0	0
Harold C. Shields Board Member	1.00	0	0	0
Edward Tomezsko Board Member	1.00	0	0	0
Richard L. Orwig Board Member	1.00	0	0	0
LaRoy G. Davis Board Member	1.00	0	0	0
Susan S. Delaney Board Member	1.00	0	0	0
Steven Crawford Board Member	1.00	0	0	0
Debra D. Gentzler Board Member	1.00	0	0	0



**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
35b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <span style="float:right">▶ 37a</span>		
37b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float:right">38b</span>		
39	Section 501(c)(7) organizations Enter:		
39a	a Initiation fees and capital contributions included on line 9 <span style="float:right">39a</span>		
39b	b Gross receipts, included on line 9, for public use of club facilities <span style="float:right">39b</span>		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <span style="float:right">▶</span> _____ ; section 4912 <span style="float:right">▶</span> _____ ; section 4955 <span style="float:right">▶</span> _____		
40b	b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
40c	c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶</span> _____		
40d	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶</span> _____		
40e	e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed <span style="float:right">▶</span> <u>None</u>		
42a	The organization's books are in care of <span style="float:right">▶</span> PA State System of Higher Education Telephone no. <span style="float:right">▶</span> 717-720-4051 2986 N. 2nd Street Located at <span style="float:right">▶</span> Harrisburg PA ZIP + 4 <span style="float:right">▶</span> 17110-1201		
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <span style="float:right">▶</span> _____	Yes	No
42c	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
42c	c At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country: <span style="float:right">▶</span> _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶</span> <span style="float:right">43</span>		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44b	b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44c	c Did the organization receive any payments for indoor tanning services during the year?		X
44d	d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47 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	47		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b If "Yes," was the related organization a section 527 organization?	49b		

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

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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

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

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

52 Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶  Yes  No

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.

Sign Here	Signature of officer: <u>William B. McElwaine</u> Type or print name and title: <u>William B. McElwaine</u>	Date: <u>10-01-13</u>
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Paid Preparer Use Only	Pnnt/Type preparer's name: <u>Scott J. Christ</u> Firm's name: <u>Greenawalt &amp; Company, P.C.</u> Firm's address: <u>400 West Main Street Mechanicsburg, PA 17055</u>	Preparer's signature: <u>Scott J. Christ, CPA</u> Date: <u>8/26/13</u>	Check <input type="checkbox"/> if self-employed	PTIN: <u>P00641925</u> Firm's EIN: <u>23-2405297</u> Phone no: <u>717-766-4763</u>
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May the IRS discuss this return with the preparer shown above? See instructions ▶  Yes  No

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

Pennsylvania Association of Council  
of Trustees

Employer identification number

25-1738085

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

Description	Amount
Expenses	
Conferences & meetings	\$ 26,032
	Total \$ 26,032

Form 990-EZ, Part III - Primary Exempt Purpose

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

Form 990-EZ, Part III, Line 28 - First Accomplishment

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

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

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