

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-0047

2020

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form, as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

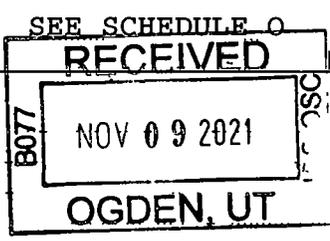
For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, 2021

Form header section containing organization name (PA ASSOCIATION OF COUNCILS OF TRUSTEES OF TRUSTEES), EIN (25-1738085), address (2986 N 2ND ST, HARRISBURG, PA 17110), and accounting method (Cash).

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, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Total: \$ 26,951.

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

Table with 21 rows detailing revenue (Total revenue: 26,951), expenses (Total expenses: 2,499), and net assets (Total net assets: 259,805).



SCANNED JUL 01 2022

LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2020)

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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	235,353.	22	259,805.
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	235,353.	25	259,805.
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)	235,353.	27	259,805.

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; 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 <input type="checkbox"/>	28a		124.
29			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a		
30			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a		
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a		
32 Total program service expenses (add lines 28a through 31a)	32		124.

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
JOHN WABBY PRESIDENT	10.00	0.	0.	0.
MILISSA BAUER 1ST VICE PRESIDENT	4.00	0.	0.	0.
RICH FRERICHS 2ND VICE PRESIDENT	2.00	0.	0.	0.
KAREN RUSSELL TREASURER	5.00	0.	0.	0.
MARY COPLOFF SECRETARY	2.00	0.	0.	0.
ED EDWARDS BOARD MEMBER	1.00	0.	0.	0.
STEPHEN DEFRANK BOARD MEMBER	1.00	0.	0.	0.
DANIEL HIGHAM BOARD MEMBER	1.00	0.	0.	0.
MARCUS LINGENFELTER BOARD MEMBER	1.00	0.	0.	0.
L. MICHAEL ROSS BOARD MEMBER	1.00	0.	0.	0.
JEFFREY SMITH BOARD MEMBER	1.00	0.	0.	0.
NATHAN SPADE BOARD MEMBER	1.00	0.	0.	0.

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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 Sch. 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	N/A	
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	37a	0.
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	38b	N/A
39	Section 501(c)(7) organizations. Enter:	39a	N/A
a	Initiation fees and capital contributions included on line 9	39b	N/A
b	Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> N/A ; section 4912 <input type="checkbox"/> N/A ; section 4955 <input type="checkbox"/> N/A		
40b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
40d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		0.
40e	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 <input type="checkbox"/> NONE		
42a	The organization's books are in care of <input type="checkbox"/> PA STATE SYSTEM OF HIGHER ED Telephone no. <input type="checkbox"/> 717-720-4125 Located at <input type="checkbox"/> 2986 N. 2ND STREET, HARRISBURG, PA ZIP + 4 <input type="checkbox"/> 17110-1201		
42b	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 <input type="checkbox"/> See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	X
42c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country <input type="checkbox"/>	42c	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
44c	Did the organization receive any payments for indoor tanning services during the year?	44c	X
44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	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	45b	

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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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Part VII 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

47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II	<input type="checkbox"/>	<input type="checkbox"/>
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input type="checkbox"/>
49a	Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input type="checkbox"/>
49b	If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/>	<input type="checkbox"/>

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	(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
N/A				

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." **N/A**

(a) Name and business address of each independent contractor	(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 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: Scott Christ Date: 10/24/2021
 Type or print name and title: SCOTT CHRIST, Treasurer

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	SCOTT CHRIST	SCOTT CHRIST	09/22/21		P00641925
	Firm's name ▶ TROUT CPA	Firm's EIN ▶ 23-1551315		Phone no. 717-569-2900	
	Firm's address ▶ 1705 OREGON PIKE LANCASTER, PA 17601				

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2020

Open to Public
Inspection

Name of the organization

PA ASSOCIATION OF COUNCILS OF TRUSTEES
OF TRUSTEES

Employer identification number
25-1738085

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:

AMOUNT:

MEETING REIMBURSEMENT

2,451.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:

AMOUNT:

MEETING EXPENSES

124.

OFFICE SUPPLIES

140.

BANK CHARGES

35.

TOTAL TO FORM 990-EZ, LINE 16

299.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO EDUCATE TRUSTEES ON
NATIONAL TRENDS IN HIGHER EDUCATION, TO APPRISE TRUSTEES OF ISSUES
FACING THE STATE SYSTEM AND ESTABLISH A NETWORK OF TRUSTEES TO CONVEY
TRUSTEES' VIEWS TO THE CHANCELLOR AND BOARD OF GOVERNORS, TO PROVIDE
PROFESSIONAL DEVELOPMENT OPPORTUNITIES TO TRUSTEES IN ORDER TO ENHANCE
THEIR SERVICE TO THE STATE SYSTEM, AND TO INFORM AND UPDATE TRUSTEES
ABOUT ACADEMIC PROGRAMS AND ADMINISTRATIVE POLICIES OF THE 14 STATE
SYSTEM UNIVERSITIES.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

DUE TO COVID-19, THE ASSOCIATION SPONSORED NO CONFERENCES
OR PLANNING MEETINGS 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

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization	PA ASSOCIATION OF COUNCILS OF TRUSTEES OF TRUSTEES	Employer identification number 25-1738085
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EDUCATION, AND TO DISCUSS COMMON ISSUES THAT CONFRONT THEM IN THEIR
ROLES AS TRUSTEES.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Name of the organization PA ASSOCIATION OF COUNCILS OF TRUSTEES OF TRUSTEES

Employer identification number 25-1738085

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

Table with 5 columns: (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. Row 1: STEPHEN KINSEY, BOARD MEMBER, 1.00, 0., 0., 0.