



January 31, 2017

OSP Number: 192849

PROPOSAL TRANSMITTAL

“Existence and Location of Originals: gathering and documenting archival repository location data”

Submitted to: Society of American Archivists

Submitted by: Benjamin Goldman

Proposal Contact: Kim Wright
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Office of Sponsored Programs
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Authorized Signature:

John W. Hanold, Associate VP for Research
Director, Office of Sponsored Programs

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Please reference OSP Number 192849 in all correspondence.

Existence and Location of Originals: gathering and documenting archival repository location data

We request \$5000 to hire a paid research assistant for between 300-400 hours of work, overseen by Ben Goldman (grant PI) and Eira Tansey (grant collaborator). This project will identify, gather, standardize, and make publicly accessible United States archival repository location data.

Our desire for improved location data grew out of an ongoing research project to identify which American archival repositories are most vulnerable to the future impacts of climate change. Working with geospatial specialists at Penn State, we are intersecting geolocation data harvested from OCLC's ArchiveGrid with climate models for sea level rise, storm surge, temperature rise, and increased precipitation. Our initial findings, presented at the Society of American Archivists' Research Forum in 2016¹, found that 33 coastal repositories may be at risk of between one and six feet of sea level rise, a number we now believe to be inaccurately low due to insufficient repository location data.

OCLC's ArchiveGrid data appears to be the best available data on archival locations, but it has many shortcomings. We believe the data represents but a fraction of known archival repositories (excluding, for example, many small and community archives simply because they do not send their finding aids to ArchiveGrid). Quality assessment of the data has also revealed it to be imprecise or inaccurate for many repositories, and lacking information about physical locations (e.g. placement within a building, or coordinates of annex locations) that make assessing the impacts of climate change related weather events difficult to quantify.

We believe this proposal would support many aspect of SAA's current strategic plan, especially the following goals related to the stewardship of collections, and the communication and sharing of data useful for the profession at-large:

- 1.3. Provide leadership in ensuring the completeness, diversity, and accessibility of the historical record.
- 1.4. Strengthen the ability of those who manage and use archival material to articulate the value of archives.
- 2.2. Deliver information and education via methods that are accessible, affordable, and keep pace with technological change.
- 3.3. Participate actively in relevant partnerships and collaborations to enhance professional knowledge.

¹ Tansey, Eira & Goldman, Ben. Fonds Farewell: Mapping American Archival Vulnerabilities to Climate Change. Society of American Archivists' 2016 Research Forum. Available online at: http://scho.wv.edu/hosted_files/archives2016/be/SAA16_ResearchForum_FondsFarewell_Tansey-Goldman.pptx

- 4.1. Facilitate effective communication with and among members.

As Immediate Past President Dennis Meissner stated in his proposal for an SAA Committee on Research and Evaluation (CORE), the gathering of “quantitative and qualitative information of strategic value” would support “efforts relating to advocacy, public awareness, improved audience service, and community engagement.” We believe a comprehensive dataset of archival collections could more broadly support planning and advocacy beyond understanding climate change risks. The data generated through our project could, in fact, ultimately join the proposed CORE repository of “useful data about archivists, repositories, audiences, and the environments in which archives function.”²

Goals

Our primary objective with this grant will be to improve the existing dataset through online research and expand it by incorporating data from other sources. While we do not expect this effort to result in a comprehensive dataset documenting the exact geo-coordinates of all archival repositories, we do believe it will represent the largest centralized, standardized, and interoperable dataset on US archival repository locations. A secondary objective of this grant will be development of a model to support more granular identification and documentation of repository locations. We plan to engage representatives from selected regional archival associations representing coastal archives to lay the groundwork for development of such a model, which would enable better decision making concerning archival repository locations, as well as the creation of specialized regional case studies of archival risk. Finally, we will make the dataset generated through this effort openly accessible to the Society of American Archivists, its members, or other key constituents.

Workplan

We expect the grant to cover a period from July 2017 to June 2018. The work of a half-time (or less) research assistant will begin immediately, and be completed by early 2018. A final report will be delivered to SAA Foundation by July 1, 2018.

Activity 1: Setup infrastructure to support data gathering and delivery

Grant principals will establish a Github repository to house the eventual dataset, and define the data fields and encoding requirements to ensure that repository information is consistently gathered and documented.

Activity 2: Outreach to professional associations

Grant principals will formally contact Regional Archival Associations Consortium (RAAC), the Council of State Archivists (CoSA), and associated local and regional archival associations early

² “Proposal for a Committee on Research and Evaluation,” Agenda Item V.A., Society of American Archivists Council Meeting, November 14-16, 2016. Available online at: <http://www2.archivists.org/sites/all/files/1116-V-A-CORE.pdf>

in the timeline to announce the project and request assistance with identifying repositories and relevant locations data.

Activity 3: Review existing locations data

The research assistant will QA existing data in the ArchiveGrid (OCLC) data set and update accordingly.

Activity 4: Review new locations data

Research assistant will examine any data surfaced through contact with regional archival associations and state historical records advisory boards and add the new data to the master dataset.

Activity 5: Model a path for more comprehensive data gathering and future case studies

Grant principals in conjunction with the research assistant will develop a model for future, more granular data gathering efforts. This activity will focus on how to expand the dataset to include hidden repositories and methods to accumulate better data on where collections are stored beyond the physical address (nature of facilities, existence of offsite annexes, etc.). Due to interest in the location of sea level rise and storm surge effects on archives, this model will be shared with selected regional or local archival associations representing coastal archives for feedback.

Activity 6: Public dissemination of our work

We will establish a blog or website to highlight our work in progress and share our findings. Dataset will be loaded to Github for version control and accessibility. Grant principals will coordinate dissemination of findings at the 2018 RBMS (New Orleans) and SAA (Washington DC) annual meetings, through either session proposals or other means. Given the geographically vulnerable sites of these annual meetings, we anticipate that the audiences in these locations will provide us with rich feedback about the viability of continuing the work into a second funded round of work.

Activity 7: Establish plan with SAA for eventual transfer of dataset

At the midway point of the project, and two weeks before the anticipated end date, we will host conference calls with SAA leadership on progress of the project and what we anticipate would be necessary for transfer and maintenance of the data set.

Activity 8: Complete final report

Grant principals will write a final report and share with SAA Foundation.

Impact

In order to determine what impact the grant project has, the main criteria will be to measure the comprehensiveness of the data set we started with versus the data set we end with.

- Assess “completeness”: a raw count of repositories that we began with compared to what we end with
- Assess institutional representation: classifying the original data set by sector (e.g., academic, corporate, or governmental archives) and determining this information for new entries will show the degree to which many archival sectors fly “under the radar” of projects like ArchiveGrid
- Assess the findings gathered as part of Activity 5, and estimate the extent to which overall locations may be underrepresented in our final dataset.

Budget

We estimate the total cost of this project to be \$10,078.

We are requesting \$5000 to fund a part-time research assistant, who will be hired for approximately 300 hours of work. \$4500 would fund the research assistant’s salary and fringe benefits (\$4147 and \$326, respectively). An additional \$500 would provide travel support for the research assistant’s attendance at the 2018 RBMS annual conference.

For the duration of this grant, Ben Goldman, principal investigator, will contribute 5% of his time, supplied by the Penn State University Libraries’ salary budget, which will account for an in-kind contribution of \$5078 (salary plus fringe).

Special Collections (University Libraries) / The Pennsylvania State University
Existence and Location of Originals: gathering and documenting archival repository location data
Society of American Archivists
Project Dates: 07/01/2017 – 06/30/2018

	07/01/2017- 06/30/2018	Total
Salaries (Category I)		
Goldman, Benjamin Matthew	0	0
Total Salaries (Category I)	0	0
Wages (Category III)		
Wages-Nonexempt Staff	4,174	4,174
Total Wages (Category III)	4,174	4,174
Total Salaries and Wages	4,174	4,174
Fringe		
Category I @ 40.20%	0	0
Category III @ 7.80%	326	326
Total Fringe	326	326
Total Salaries, Wages and Fringe	4,500	4,500
Modified Total Direct Costs		
Travel - Domestic (CONUS)	500	500
Total Modified Total Direct Costs	5,000	5,000
Total Direct Costs	5,000	5,000
Total Requested From Sponsor	5,000	5,000
University Participation		
Goldman, Benjamin Matthew	3,622	3,622
Fringe		
Category I @ 40.20%	1,456	1,456
Total University Participation	5,078	5,078
Total Project Costs	10,078	10,078

Fringe Benefits

Fringe benefits are computed using the fixed rates of 40.20% applicable to Category I Salaries, 15.40% applicable to Category II Graduate Assistants, 7.80% applicable to Category III Salaries and Wages, 0.10% applicable to Category IV Student Wages, and 25.70% for Category V, Postdoctoral Scholars and Fellows, for fiscal year 2017 (July 1, 2016, through June 30, 2017). If this proposal is funded, the rates quoted above shall, at the time of funding, be subject to adjustment for any period subsequent to June 30, 2017, if superseding Government approved rates have been established. Fringe benefit rates are negotiated and approved by the Office of Naval Research, Penn State's cognizant federal agency.

SAMPLE



Office of the Dean
University Libraries and
Scholarly Communications

The Pennsylvania State University
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University Park, PA 16802-1812

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January 25, 2017

SAA Foundation
Society of American Archivists
17 North State Street
Suite 1425
Chicago, IL 60602-4061

Dear SAA Foundation Board of Directors,

I wish to offer this letter in support of the Society of American Archivists Foundation grant application for "Existence and Location of Originals: gathering and documenting archival repository location data" submitted by Ben Goldman, Penn State University, and Eira Tansey, University of Cincinnati. Data-informed decision-making is crucial for advancing the professions of libraries and archives, and serving our constituency of researchers well into the future. The grant proposed by Ben and Eira to identify, gather, and make publicly accessible archival repository location data will support the archival profession's ability to better understand its needs, challenges, and opportunities, especially around the preservation of collections.

At the Penn State University Libraries, as with many libraries and archives, preservation is a key strategic priority. Ben's and Eira's interest in better repository location data stems from a broader effort to understand and articulate the evolving preservation risks posed by future climate change. They have been working with Nathan Piekielek, Geospatial Services Librarian, at Penn State, to intersect archival location data with a variety of datasets modeling potentially serious impacts of climate change, such as coastal flooding and increased temperature. To my knowledge, no one in our field has studied these impacts, making their research both unique and innovative.

As an Associate Dean working in one of the most active librarian research communities, I feel this grant will be a welcome addition to our portfolio of research accomplishments and I heartily endorse Ben's and Eira's proposal.

Sincerely,

Anne Langley
Associate Dean for Research, Collections
and Scholarly Communications

Ben Goldman

Penn State University Libraries
104 Paterno Library
University Park, PA 16802
814-863-8333
bmg17@psu.edu

Professional Positions

Sally W. Kalin Librarian for Technological Innovations and Digital Records Archivist, Pennsylvania State University. (May 2012 - Present).

Primarily responsible for developing and implementing workflows and processes enabling the effective acquisition, description, access, management and preservation of born-digital archival collections in the Special Collections Library. Provide expertise on an array of digital discovery and metadata issues in Special Collections, and manage the audio-video digitization program. Lead the development and implementation of digital scholarship strategies and tools in Special Collections and manage the University Libraries' web archiving program. Responsible for various digital preservation, access and discovery initiatives across the organization.

Digital Programs Archivist & Digital Programs Manager, University of Wyoming American Heritage Center. (March 30, 2009 - May 4, 2012).

Developed processes for managing, preserving, and making accessible born-digital archival material. Managed the digitization activities of the Center. Planned and implemented mass digitization program. Performed collection development duties. Managed the redesign of the Center's web site. Managed technical staff of 2.5 FTE and students.

Education

MS-LIS, High Distinction, Syracuse University, School of Information Studies, Syracuse, NY, 2009.
Major: Library and Information Science

BA, Arizona State University, College of Liberal Arts and Sciences, Tempe, AZ, 1998.
Major: English

CERT, Syracuse University, School of Information Studies, Syracuse, NY, 2009.
Major: Digital Libraries

Professional Memberships

Society of American Archivists. (January 2009 - Present).

Publications

Goldman, Ben. "It's Not Easy Being Green(e): Digital Preservation in the Anthropocene." *Archival Values: Essays in Honor of Mark Greene* (Forthcoming).

Goldman, Ben. "Outfitting a Born-digital Archives Program." *Practical Technology for Archives*, no. 2. (2014). http://practicaltechnologyforarchives.org/issue2_goldman/.

Goldman, Ben and Timothy D. Pyatt "Security Without Obscurity: Managing Personally Identifiable Information in Digital Archives." *WLAS Library & Archival Security* 26, no. 1-2. (2014). <http://www.tandfonline.com/toc/wlas20/current#.U6SyUo1dUhE>.

Goldman, Ben. "Bridging the Gap: Taking Practical Steps Toward Managing Born-Digital Collections in Manuscript Repositories." *RBM: A Journal of Rare Books, Manuscripts, and Cultural Heritage* 12, no. 1. (2011): 11-24. Invited. <http://rbm.acrl.org/content/12/1/11.extract>.

Pyatt, Timothy D., Jacqueline Esposito, Michelle Belden, Ben Goldman, Michael Shallcross, Cynthia Gehring, Nancy Deromedi, Lisa Schmidt, Seth Shaw, and Naomi Nelson. *SPEC Kit: Moving towards best practice: Managing born digital materials in ARL Libraries*. edited by Lee Ann George. Washington, D.C.: Association of Research Libraries, 2012. <http://publications.arl.org/Managing-Born-Digital-Special-Collections-and-Archival-Materials-SP-EC-Kit-329/>.

Erway, Ricky, Ben Goldman, and Matthew McKinley. *Agreement Elements for Outsourcing Transfer of Born Digital Content*. Dublin, OH: OCLC Research, 2014. <http://oclc.org/content/dam/research/publications/library/2014/oclcresearch-born-digital-content-transfer-2014.pdf>.

Presentations

Goldman, B. (Co-Author and Co-Presenter), (October 28, 2016). "14th Blackbird: Digital Preservation as an Environmentally Sustainable Activity," 2016 Meeting, Preservation and Archiving Special Interest Group, New York, NY, 200 in attendance, Invited. <http://www.pasignyc.org/>. International.

Goldman, B. (Co-Author and Co-Presenter), Tansey, E. (University of Cincinnati), Piekielek, N. (Penn State University), (August 1, 2016). "Fonds Farewell: Mapping American Archival Vulnerabilities to Climate Change," Annual Meeting Research Forum, Society of American Archivists, Atlanta, GA, 100 in attendance, peer-reviewed/refereed, published in proceedings. International.

Goldman, B. (Panel Member), (August 21, 2015). "Arrangement, Description, and Access for Digital Archives," Annual Meeting, Society of American Archivists Annual Conference, Cleveland, OH, 300 in attendance. <http://www2.archivists.org/2015>. International.

Goldman, B. (Panel Member), (August 20, 2015). "Implementing Digital Preservation Tools and Solutions with Archivists, Product Managers, and Developers," Annual Meeting, Society of American Archivists Annual Conference, Cleveland, OH, 125 in attendance. <http://www2.archivists.org/2015>. International.

Goldman, B. (Moderator), (August 19, 2015). "Data Modeling for Archivists," Annual Meeting, Society of American Archivists Annual Conference, Cleveland, OH, 40 in attendance. <http://www2.archivists.org/2015>. International.

Goldman, B., (March 31, 2015). "Exploring Digital Preservation Strategies Using Digital Forensics," Research Forum, Libraries Faculty Organization, State College, PA, 15 in attendance, Invited. Local.

Goldman, B. (Presenter), (October 24, 2014). "The ~~Future~~ Present of Libraries and Archives," Penn State University Libraries, Library Development Board meeting, State College, PA, 25 in attendance, Invited. Local.

Goldman, B. (Co-Presenter), Schmitz Fuhrig, L. (Smithsonian Institution Archives), Aydelott, M. (Library of Congress), Warshavsky, E. (Presbyterian Historical Society), Hull, T. (National Archives at College Park), McKinley, M. (University of California, Irvine Libraries), Erway, R. (OCLC Research), Padilla, M. (Metropolitan New York Library Council), (October 20, 2014). Innovative Solutions for Dealing with Born-digital Content in Obsolete Formats, OCLC Research, 400 in attendance, Invited. <http://www.oclc.org/research/events/2014/10-20.html>. International.

Goldman, B. (Author and Presenter), (August 16, 2014). "Born-Digital Content on Obsolete Physical Media: Challenges and Solutions," Annual Meeting, Society of American Archivists Annual Conference, Washington, D.C., 200 in attendance, peer-reviewed/refereed. <http://www2.archivists.org/2014>. International.

Goldman, B., (April 25, 2014). "Digital Preservation at the Crossroads," Annual Meeting, Midwest Archives Conference, Kansas City, MO. <http://www.midwestarchives.org/2014-annual-meeting>. Regional.

Goldman, B. (Co-Presenter), Hswe, P., Furlough, M., (March 31, 2014). "Community-based Stewardship at Penn State University," Spring Member Meeting, Coalition of Networked Information, St. Louis, MO, 20 in attendance. <http://www.cni.org/events/membership-meetings/past-meetings/spring-2014/>. National.

"Acquisition of Personal Archives: Some Thoughts Based on the Initial Findings of Mellon-funded Personal Scholarly Archiving Grant," DLF Forum, Denver, CO (November 4, 2012). <http://www.diglib.org/forums/2012forum/2012-dlf-forum-schedule/>.

"While the Sun Shines: Assessing Born-Digital Holdings Before It's Too Late," Annual Conference, Society of American Archivists, San Diego, CA (August 9, 2012).

"Re-using Archival Description: Our Metadata is Only as Good as Our Descriptive Practices," Rapid Capture: Faster Throughput in Digitization of Special Collections, OCLC, Webinar (October 27, 2011). <http://www.oclc.org/research/news/2011-11-15.htm>.

"Third-Gear Digitization: Mass Digitization of Archival Collections at the American Heritage Center," Annual Conference, Wyoming Libraries Association, Cheyenne, WY (September 28, 2011).

"Practical Approaches to Born-Digital Materials: What Works Today," Annual Conference, Society of American Archivists, Chicago, IL (August 26, 2011). <http://www2.archivists.org/conference/2011/chicago>.

"Using What Works: Practical Approaches to Accessioning Born-Digital Materials," Annual Conference, Midwest Archives Conference, St. Paul, MN (April 29, 2011). http://www.midwestarchives.org/assets/documents/2011_annual_program_low_res.pdf.

"Born-Digital Manuscripts: A Primer," Annual Pre-Conference, American Library Association's Rare Book and Manuscript Section (RBMS), Philadelphia, PA (June 24, 2010). <http://www.rbms.info/conferences/preconferences/2010/>.

Grants

Goldman, B. M., Grant, "Exploring Digital Preservation Strategies using Digital Forensics," Penn State Libraries, Penn State. Total awarded: \$1,700.

Goldman, B.M., Grant, "Wyoming in the Movies: Increasing Access to Wyoming's Motion Picture Heritage through Digitization." Wyoming Cultural Trust Fund, Total Awarded: \$6,650.

Peer Reviewer of Grant Proposals, Manuscripts, Etc.

Trends in Archives Practice: Module 14: Appraising Digital Records. (April 2016).
Reviewer

Trends in Archives Practice: Module 16: Accessioning Digital Archives. (April 2016).
Reviewer

Trends in Archives Practice: Module 15: Collecting Digital Manuscripts. (April 2015).
Reviewer

Trends in Archives Practice: Module 4: Becoming a Trusted Digital Repository? (May 2014).
Reviewer

Professional Service

Hydra Archivists Interest Group, Chair. (October 2014 - Present).
<https://wiki.duraspace.org/display/hydra/Hydra+Archivists+Interest+Group>

Society of American Archivists, Research Libraries Roundtable, Steering Committee, Member.
(August 2011 - Present). <http://www2.archivists.org/groups/research-libraries-roundtable>.

Congressional Papers Roundtable, Task Force on Electronic Records, Member. (August 2009 - August 2012).
<http://www2.archivists.org/groups/congressional-papers-roundtable/task-force-on-electronic-records>.

Demystifying Born-Digital Group of Experts, OCLC Research, Advisor, International. (May 2012 - Present). <http://http://www.oclc.org/research/publications/library/2012/2012-06r.html>.

Courses Taught

IST/677, Creating, Managing and Preserving Digital Assets (online) at the Syracuse University iSchool, Spring 2013.

Eira Tansey

Digital Archivist/Records Manager
Archives and Rare Books Library, University of Cincinnati Libraries
Phone: 513-556-1958 | Email: eira.tansey@uc.edu

Professional Experience

Digital Archivist/Records Manager, November 2013 – present

Associate Librarian, August 2015 – present

Assistant Librarian, November 2013 – August 2015

Archives and Rare Books Library, University of Cincinnati

- Responsible for the university's records management program, including oversight of record keeping requirements, review of destruction decisions, and education of the university community on university and state records policies
- Accession transfers of collections and materials to the Archives and Rare Books (ARB) Library, and organize and create access to collections
- Plan and develop workflows related to born-digital archives, including development of a digital forensics workstation, create policy guidelines around acquisition and preservation of digital archives, and identification of collection gaps for future record acquisitions
- Collaborate with other departments on the creation and maintenance of digitized collections that use or incorporate ARB collections
- Serve on UC Libraries Digital Repository Task Force, including chairing the Use Cases Working Group, and participating in other Task Force Working Groups
- Serve on additional UC Libraries working groups and committees
- Represent UC on the Ohio Electronic Records Committee

Library Associate, July 2010 – November 2013

Louisiana Research Collection, Howard-Tilton Memorial Library, Tulane University

Library Technician, July 2008 – June 2010

Louisiana Research Collection, Howard-Tilton Memorial Library, Tulane University

Student Assistant, 2007-2008

University of Cincinnati Libraries, Archives and Rare Books

Visitor Services Assistant, 2002-2006, 2008

Cincinnati Art Museum

Education

MLIS, San Jose State University, School of Library and Information Science, December 2012

BA, Geography, magna cum laude, University of Cincinnati, June 2008

Professional Development

Society of American Archivists, Arrangement and Description of Electronic Records, Digital Archives Specialist workshop, Highland Heights, KY, September 15-16, 2016

Society of American Archivists annual meeting, Atlanta, GA, July 31-August 6, 2016

Society of American Archivists, Command Line Interface, Digital Archives Specialist workshop, Atlanta, GA, July 31, 2016

Archival Education and Research Institute, Kent, OH, July 8-9, 2016

Society of Ohio Archivists annual meeting, Columbus, OH, May 20, 2016

THATCamp, University of Cincinnati, Cincinnati, OH, May 2-3, 2016

Diversity Conference, University of Cincinnati, March 30, 2016

Society of American Archivists, User Experience Design and Digital Archives, Digital Archives Specialist webinar, March 1, 2016

Web Archives 2015: "Capture, Curate, Analyze Conference, University of Michigan, November 12-13, 2015.

Society of American Archivists annual meeting, Cleveland, OH, August 18-22, 2015

Archivemata workshop, Indianapolis, IN, June 8, 2015

Open Repositories annual meeting, Indianapolis, IN, June 8-10, 2015

Society of Ohio Archivists annual meeting, Dublin, OH, May 15, 2015

Midwest Archives Conference annual meeting, Lexington, KY, May 9, 2015

THATCamp, University of Cincinnati, Cincinnati, OH, May 4-6, 2015

Archivemata workshop, New York City, NY, April 26, 2015

Personal Digital Archiving annual meeting, New York City, NY, April 24-26, 2015

CURATEcamp, New York City, NY, April 23, 2015

3T: Teaching, Techniques & Technology Conference, University of Cincinnati, Clermont College, April 11, 2015

Information Requirements Clearinghouse, IRCH Methodology for Creating Legally defensible Retention Schedules, Webinar, April 2, 2015

Diversity Conference, University of Cincinnati, April 1, 2015

Society of American Archivists annual meeting, Washington DC, August 11-16, 2014

Digital Forensics Course at University of Maryland, Humanities Intensive Learning and Teaching Institute, August 4-8, 2014

Society of American Archivists Records Management Roundtable/Web Archiving Roundtable, Web Archiving as Records Management, Webinar, July 9, 2014

University of Cincinnati Libraries, Team Building workshop, May 5, 2014

University of Cincinnati New Faculty Institute seminar, President Ono Ask Me Anything, April 23, 2014

University of Cincinnati New Faculty Institute seminar, Office of Research Bill Ball Ask Me Anything, April 14, 2014

Personal Digital Archiving annual meeting, Indianapolis, IN, April 10-11, 2014

University of Cincinnati New Faculty Institute seminar, Provost Beverly Davenport Ask Me Anything, March 25, 2014

Digital Archives Specialist exam, passed February 28, 2014

University of Cincinnati New Faculty Institute seminar, Diversity Officers Ask Me Anything, February 19, 2014

University of Cincinnati New Faculty Institute seminar, Individual Conflict Resolution, February 12, 2014

Council of State Archivists, Electronic Records Surveying & Scheduling Webinar, February 11, 2014

Ithaka and ARL, Strategies for Sustaining Digital Collections webinar, January 31, 2014

Society of American Archivists, A Beginner's Guide to Metadata
Digital Archives Specialist webinar, January 29, 2014

Society of American Archivists, Basics of Managing Electronic Records
Digital Archives Specialist webinar, January 28, 2014

Academy of Certified Archivists exam, passed November 1, 2013

Society of American Archivists annual meeting, New Orleans, LA, August 11-17, 2013

Society of American Archivists, Developing Specifications and RFPs for Recordkeeping
Systems, Digital Archives Specialist workshop, Austin, TX, May 22, 2013

Society of Southwest Archivists annual meeting, Austin, TX, May 21-25, 2013

Society of American Archivists, Digital Curation,
Digital Archives Specialist workshop, New Orleans, LA, October 26, 2012

Society of American Archivists annual meeting, San Diego, CA, August 7-11, 2012

Society of American Archivists, Legal Issues in Digital Archives,
Digital Archives Specialist workshop, Mesa, AZ, May 23, 2012

Society of Southwest Archivists annual meeting, Mesa, AZ, May 22-25, 2012

Society of American Archivists, Preserving Digital Archives: Concepts and
Competencies, Digital Archives Specialist workshop, New Orleans, LA,
March 13, 2012

Society of American Archivists, Thinking Digital: A Practical Session to Help You Get
Started, Digital Archives Specialist webinar, March 8, 2012

Society of American Archivists annual meeting, Chicago, IL, August 23-27, 2011

Southern Archivists conference, Birmingham, AL, September 23-24, 2010

Society of American Archivists annual meeting, Washington DC, August 11-15, 2010

Society of American Archivists, Copyright: The Archivist and the Law,
Workshop, Washington DC, August 9-10, 2010

Society of American Archivists, Encoded Archival Description,
Workshop, New Orleans, LA, February 25-26, 2010

Louisiana Archives and Manuscripts Association, Basic Archives,

Workshop, New Orleans, LA, November 20, 2009

Society of American Archivists, Understanding Photographs,
Workshop, New Orleans, LA, November 5-6, 2009

SOLINET, Digital Imaging of Library and Archival Materials,
Workshop, New Orleans, LA, February 5, 2009

Reviewed Publications

"Branches from the Baron: Cincinnati's Carnegie Libraries." *Ohio Valley History* 16, no. 1 (2016). <https://muse.jhu.edu/article/615501>

"Archives without Archivists." *RECONSTRUCTION: Studies in Contemporary Culture* 16, no. 1 (2016). <http://reconstruction.eserver.org/Issues/161/Tansey.shtml>

"Archival adaptation to climate change." *Sustainability: Science, Practice, & Policy* 11, no. 2 (2015). <https://sspp.proquest.com/archival-adaptation-to-climate-change-3f245c06d9c0#.wr3j746ek>

"The landscape of archival employment: A study of professional archivist job advertisements, 2006-2014." *Archival Practice* 2 (2015).
<http://www.partnershipsjournal.org/index.php/ap/article/view/1084>.

"Step by Step, Stage by Stage: Getting a Diverse Backlog of Legacy Finding Aids Online." Contributed chapter in *Description: Innovative Practices for Archives and Special Collections*, ed. Kate Theimer (2014). Rowman & Littlefield Publishers, Maryland.

Creative Work

"Out of Sight, Out of Mind." Post on UC Libraries' LiBlog. December 22, 2016.
<http://libapps.libraries.uc.edu/liblog/2016/12/out-of-sight-out-of-mind/>

"You've heard about the concerns regarding federal climate and environmental data. So what's next?" Post on ProjectARCC blog. December 15, 2016.
<https://projectarcc.org/2016/12/15/youve-heard-about-the-concerns-regarding-federal-climate-and-environmental-data-so-whats-next/>

"What Can Archivists Do about Concerns Regarding Federal Climate and Environmental Data?" Post on Issues and Advocacy (Society of American Archivists Issues and Advocacy Roundtable blog). December 14, 2016.
<https://issuesandadvocacy.wordpress.com/2016/12/14/what-can-archivists-do-about->

[climate-and-environmental-data/#comments](#)

“How to Audit Nothing.” Post on The Schedule (Society of American Archivists Records Management Roundtable blog). October 24, 2016.

<https://saarmrt.wordpress.com/2016/10/24/auditing-nothing/>

“Behind the Scenes with UC’s Digital Archivist: Finding the Needle in the Haystack.” Post on UC Libraries’ LiBlog. October 5, 2016.

<http://libapps.libraries.uc.edu/liblog/2016/10/behind-the-scenes-with-ucs-digital-archivist-finding-the-needle-in-the-haystack/>

“Behind the Scenes with UC’s Digital Archivist: Making Sense of It All.” Post on UC Libraries’ LiBlog. September 20, 2016.

<http://libapps.libraries.uc.edu/liblog/2016/09/behind-the-scenes-with-ucs-digital-archivist-making-sense-of-it-all/>

“Behind the Scenes with UC’s Digital Archivist: Much Ado About Digital.” Post on UC Libraries’ LiBlog. September 6, 2016.

<http://libapps.libraries.uc.edu/liblog/2016/09/behind-the-scenes-with-ucs-digital-archivist-much-ado-about-digital/>

“Faculty Research and Public Records Laws.” Post on The Schedule. July 28, 2016.

<https://saarmrt.wordpress.com/2016/07/28/faculty-research-and-public-records-laws/>

“Institutional Silences and the Digital Dark Age.” Post on The Schedule. May 23, 2016.

<https://saarmrt.wordpress.com/2016/05/23/institutional-silences-and-the-digital-dark-age/>

“Unlocking SAA: What Exactly is the SAA Ballot?” Post, co-authored with Krystal Appiah and Erin O’Meara on Society of American Archivists Students and New Archives Professionals (SAA SNAP) Roundtable blog. February 16, 2016.

<https://snaproundtable.wordpress.com/2016/02/16/unlocking-saa-what-exactly-is-the-saa-ballot/>

“Guest Post: Developing a Research Agenda.” Post on Publishing in the Archives Profession blog. February 15, 2016.

<https://archivespublishing.wordpress.com/2016/02/15/guest-post-developing-a-research-agenda/>

“Challenges of Climate Change.” Post on Issues and Advocacy (Society of American Archivists Issues and Advocacy Roundtable blog). January 26, 2016.

<https://issuesandadvocacy.wordpress.com/2016/01/26/challenges-of-climate-change/>

“What to Know for the Paris Climate Talks.” Post on ProjectARCC blog. December 2, 2015. <http://projectarcc.org/2015/12/02/what-to-know-for-the-paris-climate-talks/>

“How Early Adopter Feedback Drives Scholar@UC Development.” Post on ScholarBlog. November 18, 2015. <http://libapps.libraries.uc.edu/scholarblog/how-early-adopter-feedback-drives-scholaruc-development/>

“A multitude of problems needs a multitude of voices.” Post on ProjectARCC blog. September 22, 2015. <http://projectarcc.org/2015/09/22/a-multitude-of-problems-needs-a-multitude-of-voices/>

“Don’t be caught in an archival haze, fearlessly appraise!” Post on The Schedule (Society of American Archivists Records Management Roundtable blog). September 22, 2015. <https://saarmrt.wordpress.com/2015/09/22/dont-be-caught-in-an-archival-haze-fearlessly-appraise/>

“May discussion: Second half of Delete.” Post on Reading Archivists blog. May 25, 2015. <https://readingarchivists.wordpress.com/2015/05/25/may-discussion-second-half-of-delete/>

“April discussion: First half of Delete.” Post on Reading Archivists blog. April 29, 2015. <https://readingarchivists.wordpress.com/2015/04/29/april-discussion-first-half-of-delete/>

“Rethinking Records Management Training.” Post on The Schedule (Society of American Archivists Records Management Roundtable blog). March 27, 2015. <https://saarmrt.wordpress.com/2015/03/27/rethinking-records-management-training/>

“Reading Archivists book club: Delete by Viktor Mayer-Schönberger.” Post on Reading Archivists blog. March 24, 2015. <https://readingarchivists.wordpress.com/2015/03/24/reading-archivists-book-club-delete-by-viktor-mayer-schonberger/>

“Review of Evernote.” Post on Society of American Archivists *American Archivist* Archival Technologies and Resources web portal. March 20, 2015. <http://www2.archivists.org/sites/all/files/Evernote.pdf>

“One Year In: Reflections on the First Year as Records Manager.” Post on The Schedule blog. December 18, 2014. <http://saarmrt.wordpress.com/2014/12/18/one-year-in/>

“October Group Discussion: Archival education and identity.” Post on Reading Archivists blog: An Online Group Reading and Discussing Past SAA Presidential Addresses and the Present/Future of the Profession. October 12, 2014. <http://readingarchivists.wordpress.com/2014/10/12/october-group-discussion-archival-education-and-identity/>

“October Readings.” Post on Reading Archivists blog. October 2, 2014. <http://readingarchivists.wordpress.com/2014/10/02/october-readings/>

“Session 203: Talking to Stakeholders about Electronic Records.” Post on SAA SNAP blog. September 2014. <http://wp.me/P2QU5p-la>

“Session 305: Managing Social Media as Official Records.” Post on SAA SNAP blog. September 2014. <http://wp.me/P2QU5p-ll>

“Records Management Roundtable Meeting.” Post on SAA SNAP blog. September 2014. <http://wp.me/P2QU5p-m2>

“Annual Business Meeting.” Post on SAA SNAP blog. September 2014. <http://wp.me/P2QU5p-ml>

“Develop realistic personal archiving recommendations, or, stop telling people to eat their vegetables.” Post on UC Libraries Digital Learning Community blog. April 21, 2014. <http://libapps.libraries.uc.edu/blogs/dlc/2014/04/21/develop-realistic-personal-archiving-recommendations-or-stop-telling-people-to-eat-their-vegetables/>

“Motivating individuals to care about their digital “stuff”.” Post on UC Libraries Digital Learning Community blog. April 18, 2014. <http://libapps.libraries.uc.edu/blogs/dlc/2014/04/18/motivating-individuals-to-care-about-their-digital-stuff/>

“Public libraries as sites for personal digital archiving.” Post on UC Libraries Digital Learning Community blog. April 17, 2014. <http://libapps.libraries.uc.edu/blogs/dlc/2014/04/17/public-libraries-as-sites-for-personal-digital-archiving/>

“Personal Digital Archiving 2014.” Post on UC Libraries Digital Learning Community blog. April 15, 2014. <http://libapps.libraries.uc.edu/blogs/dlc/2014/04/15/personal-digital-archiving-2014/>

Presentations and Teaching

Conferences

Association of Moving Image Archivists, Pittsburgh, PA

Paper: “Archival Adaptation to Climate Change,” presented as part of the session *Adapt/Survive: Advocating for the Survival of Moving Image Collections* (November 10, 2016)

Preservation and Archiving Special Interest Group, New York, NY

Paper: “The Voice of One Crying Out in the Wilderness: Preservation in the Anthropocene,” presented as part of the session *Environmental Responsibility, Sustainability, Costs, Benefits and Risks* (October 28, 2016)

Society of American Archivists annual meeting, Atlanta, GA

Paper: "The Winds of Change: Archival Adaptation and Resiliency in the Face of Climate Change," presented as part of the session *Rethinking Disasters: Our Possible Future and Recent Case Studies* (August 5, 2016)

Research: "Fonds Farewell: Mapping American Archival Vulnerabilities to Climate Change," presented at the 10th annual Research Forum (August 2, 2016)

University of Cincinnati Diversity and Inclusion Conference, Cincinnati, OH

Paper: "Student Voices in University Archives," presented as part of the session *Building Primary Research Archives in Diversity for Campus and Community* (March 30, 2016)

Society of American Archivists annual meeting, Cleveland, OH

Paper: "Back and Back and Back: Memories vs. Records in Lois Lowry's "The Giver," presented as part of the session *Reading from the Crypt: Tales of Archives, Horror, and Dystopia* (August 22, 2015)

Panel (Presenter): "Records Management, Access, and Born-Digital MPLP: A Conversation about Empowering Archivists and Preventing Crises" (August 20, 2015)

Open Repositories annual meeting, Indianapolis, IN, June 9, 2015

Poster (Co-Presenter): "Achieving Ambitious Agendas with Limited Means at the University of Cincinnati"

Society of Ohio Archivists annual meeting, Columbus, OH, May 15, 2015

Panel (Presenter): "The Value-Added Archivist: Becoming an Integrated Part of the Academy"

Midwest Archives Conference annual meeting, Lexington, KY, May 9, 2015

Panel (Presenter): "The Triple Crown of Internal Outreach: Motivation, Marketing and Records Management"

Personal Digital Archiving annual meeting, New York City, NY, April 24, 2015

Lightning Talk (Presenter): "Large-scale archiving and the right to be forgotten"

Society of American Archivists annual meeting, New Orleans, LA, August 16, 2013

Session (Chair): *Building Better Bridges: Archivists Cross the Digital Divide*

Society of American Archivists annual meeting, San Diego, CA, August 9, 2012

Paper: "Vendors and Legacy Finding Aid Migration," presented as part of the session *Hybrids and Legacies: Challenges of Finding Aids in the Digital Age*

Louisiana Archives and Manuscripts Association annual meeting, New Orleans, LA, November 11, 2011

Paper: "Migration of Legacy Finding aids to the Web"

Society of American Archivists annual meeting, Chicago, IL, August 25-26, 2011
Graduate student poster: "Legacy Finding Aid Project at the Louisiana Research Collection"

Southern Archivists conference, Birmingham, AL, September 24, 2010
Paper, "When All the Finding Aids Exist Only in Binders: Implementing Archon the quick and dirty Way," presented as part of the session *Providing Better Access to Our Collections*

University of Cincinnati Undergraduate Research poster session, Cincinnati, OH, June 2008
Undergraduate Capstone: "Branches from the Baron: Carnegie Libraries in Cincinnati"

Association of American Geographers Conference poster session, Boston, MA, April 16, 2008
Undergraduate Capstone: "Branches from the Baron: Carnegie Libraries in Cincinnati"

Invited Presentations

Ohio Digitization Interest Group, Ohio History Center, Columbus, OH, March 9, 2016
Panel (Presenter): "Digital Preservation: Tools and Storage"

Special Libraries Association Cincinnati Chapter, University of Cincinnati Libraries, December 3, 2015
Panel (Presenter): "Preserving Digital Scholarly Output at UC"

Guest on WREK Atlanta's radio program "Lost in the Stacks," September 25, 2015
<http://www.wrek.org/2015/09/playlist-for-lost-in-the-stacks-from-september-25th-2015-respect-des-fonds-respect-des-planet-episode-273/>

Special Libraries Association Cincinnati Chapter, Northern Kentucky University, September 23, 2014
Panel (Presenter): "The Future of Our Profession: A Panel Discussion"

San Jose State University, School of Library and Information Science, Society of American Archivists student chapter, online presentation, March 24, 2014
Presentation: "The Archivist Job Market"

Local Teaching (University of Cincinnati)

"Twitter training for AAUP faculty" workshop, co-taught with James Canfield, September 13, 2016.

“UC Blue Ash and Records Management” workshop presented to the UC Blue Ash Curriculum Committee, January 12, 2016

“Introduction to Records Management” workshop, November 17 and November 24, 2015

“Get a Game Plan for Records Management” workshop, May 18, 2015.

“Managing Email and Electronic Records” workshop, April 28, 2015.

“Introduction to Records Management” workshop, April 17, 2015

“UC Student Affairs and Records Management” workshop presented to the Division of Student Affairs, March 31, 2015

“Remembering as Resistance: Themes of Memory and Identity in *the Giver*”
50 Minutes talk, January 8, 2015

“Electronic Records” workshop, December 17, 2014

“Managing Email” workshop, December 3, 2014

“Introduction to Records Management” workshop, November 26, 2014

“To Save or Not to Save...That is the Question!” presentation to the UC Association of Administrators, Managers and Professionals, November 21, 2014

UC Libraries Shareposium, “Digital Forensics in Archives,” September 16, 2014

“Introduction to Records Management” workshop, May 8, 2014

Exhibits

“The Theodore M. Berry Papers” exhibit, Blegen Library. University of Cincinnati Libraries, Archives and Rare Books, September 16, 2014

“Treasures of Tulane” exhibit.

Prepared for the Society of American Archivists meeting, Tulane University, 2013

Selected Items from the Louisiana Research Collection’s Jewish collections exhibit.

Prepared for the Southern Jewish Historical Society meeting, Tulane University, 2009

“The John J. and James B. McNamara papers” online exhibit.

University of Cincinnati Libraries, Archives and Rare Books, 2008

“Old St. George Church: 1868-2008” online exhibit.

University of Cincinnati Libraries, Archives and Rare Books, 2008

Professional Service

National

Society of American Archivists, Records Management Section

- Vice-Chair/Chair-Elect (elected), August 2016-present
- Steering Committee (elected), 2014-2016

ProjectARCC (Archivists Responding to Climate Change), Protect Committee (chair), June 2015-present

Provenance (Society of Georgia Archivists journal), peer reviewer, September 2015, September 2016

National Archives and Records Administration, NHPRC Access to Historical Records grant reviewer, July-August 2015

Nominating Committee (elected), Society of American Archivists, April 2014-March 2015

Hydra Archivists Interest Group, February 2014-present

Communications Task Force (appointed), Society of American Archivists, 2012-2013

Annual Meeting Local Host Committee (appointed), Society of American Archivists, 2012-2013

Regional, State, and Local

Midwest Archives Conference (appointed), Program Committee, May 2016-present

Ohio Electronic Records Committee (appointed), 2014-present

Webmaster, Greater New Orleans Archivists, 2012-2013

Archives and Records Committee, Louisiana Historical Association, 2012-2013

BBQ Project Website, Association of Southeastern Research Libraries, 2011

University of Cincinnati Libraries

GIS Working Group, UC Libraries, May 2016-present

Search Committee, UC Libraries College-Conservatory of Music Library Head (elected), January-July 2016

UCL SharePoint Implementation Team (consulting), April 2015-present

Search Committee, UC Libraries Director of Business Affairs (appointed), January-March 2015

Ad Hoc RPT Criteria Revision Group, January 2015-present

DigitizeUC Strategic Initiative, August 2014-present

UCL Discovery Strategic Initiative, August 2014-March 2016

Exhibits Committee, University of Cincinnati Libraries (appointed), May 2014-present

Faculty Travel Committee, Chair, University of Cincinnati Libraries (elected), 2014-2016

UC Libraries Digital Repository Task Force (DRTF), December 2013-present

- DRTF UCRATE Working Group, January 2016-present
- DRTF Early Adopters Working Group, January 2014-present
- DRTF Communications Working Group, January 2014-present
- DRTF Digital Content Working Group, February 2014-present
- DRTF Use Cases Working Group, Chair, April 2014-August 2016

Previous Service

Library Website Redesign Task Force, Tulane University, 2012-2013

Digital Library Committee, Tulane University, 2011-present

Search Committee, Louisiana Research Collection Public Services Librarian, Tulane University, 2010

University and Community Service

University of Cincinnati

Information Technology Information Security and Compliance Committee, University of Cincinnati (elected faculty representative), August 2015-present

Search Committee, Office of Information Security Multi-Factor & Endpoint Protection Administrator, July 14, 2015

IT@UC Showcase UC Libraries booth, University of Cincinnati, September 11, 2014

AAUP Labor Day picnic booth, Coney Island, Cincinnati, September 1, 2014

Community

Presentation on caring for organizational archival records at The Links, Incorporated, Central Area Conference, Cincinnati, June 19, 2015

Ohio History Day judge, Union Terminal, Cincinnati, March 1, 2014

Memberships

Ohio Electronic Records Committee, 2014-present

Society of Ohio Archivists, 2014-present

Midwest Archives Conference, 2014-present

Academy of Certified Archivists, 2013-present

Society of American Archivists, 2010-present

Society of Southwest Archivists, 2008-2013

Greater New Orleans Archivists, 2008-2013

Louisiana Archives and Manuscripts Association, 2011-2013

Louisiana Historical Association, 2012-2013

Awards, Scholarships

University of Cincinnati Libraries Faculty Development Council grant, awarded June 27, 2016

University of Cincinnati Libraries Faculty Development Council grant, awarded March 11, 2015

University of Cincinnati Faculty Development Council grant, awarded April 29, 2014

Society of Southwest Archivists meeting scholarship, 2012

San Jose State University, General Endowment Scholarship, 2011

University of Cincinnati, Department of Geography Cincinnati Association Award, 2008

University of Cincinnati, Department of Geography Centennial Undergraduate Scholarship, 2007

The Pennsylvania State University

Right-to-Know Law Report

May 27, 2016

This Report is filed in accordance with the provisions of Chapter 15 of the Right-to-Know Law for the Fiscal Year commencing July 1, 2014 and ending June 30, 2015. This Report includes the following information as required by the Right-to-Know Law:

1. Section 1 -- Information required by Form 990 or an equivalent form, of the United States Department of the Treasury, Internal Revenue Service, entitled the Return of Organization Exempt From Income Tax, regardless of whether the State-related institution is required to file the form by the Federal Government.
2. Section 2 -- The salaries of all officers and directors of the State-related institution.
3. Section 3 -- The highest 25 salaries paid to employees of the institution that are not included under Section 2.

Section 1:

All information required by Form 990 or an equivalent form, of the United States Department of the Treasury, Internal Revenue Service, entitled the Return of Organization Exempt From Income Tax, regardless of whether the State-related institution is required to file the form by the Federal Government.

Note:

The IRS form 990 is used by the University as a convenient instrument to report select information required by the Commonwealth. However, please note that the University is not required to, and does not file, a form 990.

Return of Organization Exempt From Income Tax

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning July 1, 2014, and ending June 30, 20 15

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization The Pennsylvania State University
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
408 Old Main
 City or town, state or province, country, and ZIP or foreign postal code
University Park, PA 16802

D Employer identification number
246000376

E Telephone number
814-865-1355

F Name and address of principal officer:
Eric Barron, Old Main, Univ. Park

G Gross receipts \$ _____

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ _____

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ _____

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: 1855 **M** State of legal domicile: PA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>As PA's land grant university, Penn State is committed to improving the lives of the people of Pennsylvania, the nation and the world through its integrated, tri-part mission of high-quality teaching, research and outreach. The University is an instrumentality of the Commonwealth of Pennsylvania.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	<u>30</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>30</u>
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	<u>56898</u>
	6	Total number of volunteers (estimate if necessary)	6	<u>Thousands</u>
	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	7b		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	<u>538209000</u>	<u>364106000</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>4499904171</u>	<u>4687750320</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>225489000</u>	<u>339349000</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>18498829</u>	<u>41762680</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>5282101000</u>	<u>5432968000</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u>155815480</u>	<u>156168010</u>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>2847168203</u>	<u>3025367449</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>1703648317</u>	<u>1822196540</u>
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>4,706,632,000</u>	<u>5003732000</u>
19	Revenue less expenses. Subtract line 18 from line 12	<u>575469000</u>	<u>429236000</u>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	<u>11710607000</u>	<u>12319913000</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>4027082000</u>	<u>4346415000</u>
		<u>7683525000</u>	<u>7973498000</u>	

Part II 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.

Sign Here

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name _____ Preparer's signature _____ Date _____ Check if self-employed PTIN _____

Firm's name ▶ _____ Firm's EIN ▶ _____

Firm's address ▶ _____ Phone no. _____

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

As Pennsylvania's land grant university, The Pennsylvania State University is committed to improving the lives of the people of Pennsylvania, the nation, and the world through its integrated, tri-part mission of high-quality teaching, research and outreach.
The University is an instrumentality of the Commonwealth of Pennsylvania.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 1458937089 including grants of \$ 264087687) (Revenue \$ 1696729000)

Instruction - Penn State's instructional mission includes undergraduate, graduate, professional, and continuing and distance education.

4b (Code: _____) (Expenses \$ 1202011061 including grants of \$ _____) (Revenue \$ 1596230000)

Hospital - Penn State is committed to enhancing quality of life through improved health, the professional preparation of those who will serve the health needs of others, and the discovery of knowledge that will benefit all.

4c (Code: _____) (Expenses \$ 616060673 including grants of \$ _____) (Revenue \$ 801348000)

Research - Penn State's research mission is to create new knowledge that improves individual lives. University research has positively impacted our region, state, nation, and beyond.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 368830878 including grants of \$ _____) (Revenue \$ 593443320)

4e Total program service expenses **▶** 3645839701

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 "Yes," complete Schedule G, Part I (see instructions)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	✓
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	✓
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	✓
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	✓
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	
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? <i>If "Yes," complete Schedule L, Part I</i>	25b	
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	✓
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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	✓
c 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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	✓
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? <i>If "Yes," complete Schedule R, Part I</i>	33	✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✓
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	✓
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	
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? <i>If "Yes," complete Schedule R, Part VI</i>	37	✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	✓

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4988		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	✓	
2a	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 2a 56898		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	✓	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	✓	
4a	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)?	✓	
b	If "Yes," enter the name of the foreign country: ► <u>South Africa</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	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 as charitable contributions?		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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?	✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	✓	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	✓	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d 17		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	✓	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	✓	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	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		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Section 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 1a 30 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 30		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<input checked="" type="checkbox"/>	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<input checked="" type="checkbox"/>	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	<input checked="" type="checkbox"/>	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<input checked="" type="checkbox"/>	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
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?		
a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
b	Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<input checked="" type="checkbox"/>	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		<input checked="" type="checkbox"/>

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► Pennsylvania
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►
Joseph J. Doncsecz, Assoc. VP for Finance & Corp. Controller, 408 Old Main, Univ. Park, PA 16802 814-865-1355

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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. 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 per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Pedro Rivera Trustee	5*	✓								
(2) Cynthia Dunn Trustee	5*	✓								
(3) Russell Redding Trustee	5*	✓								
(4) Clifford Benson Trustee	5*	✓								
(5) Kathleen Casey Trustee	5*	✓								
(6) Mark Dambly Trustee	5*	✓								
(7) Allison Goldstein Trustee	5*	✓								
(8) Todd Rucci Trustee	5*	✓								
(9) Paul Silvis Trustee	5*	✓								
(10) Edward Brown, III Trustee	5*	✓								
(11) Barbara Doran Trustee	5*	✓								
(12) Robert Jubelirer Trustee	5*	✓								
(13) Albert Lord Trustee	5*	✓								
(14) Anthony Lubrano Trustee	5*	✓								

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Ryan McCombie Trustee	5*	✓								
(16) William Oldsey Trustee	5*	✓								
(17) Alice Pope Trustee	5*	✓								
(18) Adam Taliaferro Trustee	5*	✓								
(19) Donald Cotner Trustee	5*	✓								
(20) Keith Eckel Trustee	5*	✓								
(21) M. Abraham Harpster Trustee	5*	✓								
(22) Betsy Huber Trustee	5*	✓								
(23) Keith Masser Trustee	5*	✓								
(24) Carl Shaffer Trustee	5*	✓								
(25) Richard Dandrea Trustee	5*	✓								
1b Sub-total										
c Total from continuation sheets to Part VII, Section A							14968032		621700	
d Total (add lines 1b and 1c)							14968032		621700	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 2,910**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	✓	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	✓	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		✓

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Barton Malow Company, Southfield, MI 48034	Construction	37996067
Gilbane Building Co, Providence, RI 02903	Construction	26704495
P.J. Dick, Inc., Pittsburgh, PA 15212	Construction	26539729
Mortenson Construction, Minneapolis, MN 55422	Construction	20244946
Dell Marketing LP, Round Rock, TX 78682	Systems and Peripherals	17657354

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 1322**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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. 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 per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) (26) Kenneth Frazier Trustee	5*	✓								
(2) (27) Edward Hintz, Jr. Trustee	5*	✓								
(3) (28) Ira Lubert Trustee	5*	✓								
(4) (29) Daniel Mead Trustee	5*	✓								
(5) (30) Walter Rakowich Trustee	5*	✓								
(6) (31) Carolyn Dumaresq Trustee	5*	✓								
(7) (32) Ellen Ferretti Trustee	5*	✓								
(8) (33) George Greig Trustee	5*	✓								
(9) (34) Karen Peetz Trustee	5*	✓								
(10) (35) Eric Barron President	50*			✓			780304		38003	
(11) (36) Stephen Dunham Vice President & General Counsel	50*			✓			526587		39297	
(12) (37) David Gray Sr. VP - Finance/Treasurer	50*			✓			423171		76310	
(13) (38) A. Craig Hillemeier CEO Hershey Medical Center	50*			✓			767882		29816	
(14) (39) Nicholas Jones Executive VP & Provost	50*			✓			516816		38027	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) (40) Rodney Kirsch Sr. VP - Development	50*			✓				556517	24247	
(16) (41) Rod Erickson Former President	0			✓				647185	57272	
(17) (42) Robert Pangborn Former Exec. VP & Provost	50*					✓		375775	46604	
(18) (43) Harold Paz Former CEO Hershey Medical Center	50*			✓				1215199	36570	
(19) (44) Graham Spanier Former President	0					✓		596804	30705	
(20) (45) James Franklin Head Football Coach	50*					✓		4504502	41516	
(21) (46) Robert Harbaugh Chair Dept. of Neurosurgery	50*					✓		1111118	41423	
(22) (47) Alan Brechbill Executive Director - MSHMC	50*					✓		1011306	42923	
(23) (48) Kevin Black Chair Orthopaedics/Rehabilitation	50*					✓		971261	37567	
(24) (49) Peter Dillon Chair Department of Surgery	50*					✓		963606	41422	
(25)										
1b Sub-total								14968032	621700	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	13363142				
	d Related organizations	1d	9692				
	e Government grants (contributions)	1e	277931000				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	72802166				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f ▶		364106000				
Program Service Revenue	Business Code						
	2a Tuition and fees	900099	1696729000	1696729000			
	b Grants & contracts	541700	762199000		762199000		
	c Medical Center revenue	900099	1596230000	1596230000			
	d Sales - auxiliary, etc.	611710	561622320		13945787	547676533	
	e Sales - educational	611710	70970000	70970000			
	f All other program service revenue .						
g Total. Add lines 2a-2f ▶		4687750320					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		238277000		9320721	228956279	
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶		4546000			4546000	
	6a Gross rents	(i) Real	6795906				
		(ii) Personal					
		b Less: rental expenses	5883430				
	c Rental income or (loss)	912476					
	d Net rental income or (loss) ▶		912476			912476	
	7a Gross amount from sales of assets other than inventory	(i) Securities	11373167000				
		(ii) Other					
		b Less: cost or other basis and sales expenses	11272095000				
	c Gain or (loss)	101072000					
	d Net gain or (loss) ▶		101072000			101072000	
	8a Gross income from fundraising events (not including \$ <u>13363142</u> of contributions reported on line 1c). See Part IV, line 18	a	896855				
		b Less: direct expenses	837648				
		c Net income or (loss) from fundraising events . ▶		59207			59207
	9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses							
c Net income or (loss) from gaming activities . . ▶							
10a Gross sales of inventory, less returns and allowances	a	19997339					
	b Less: cost of goods sold	9958135					
	c Net income or (loss) from sales of inventory . . ▶		10039204			10039204	
Miscellaneous Revenue		Business Code					
11a Miscellaneous income	900099	26205793			26205793		
b							
c							
d All other revenue							
e Total. Add lines 11a-11d ▶		26205793					
12 Total revenue. See instructions. ▶		5432968000	3363929000	23266508	1681666492		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	156168010	156168010		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3816977	949094	2014377	853506
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2248142472	1788632454	431224342	28285676
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	177969630	141428464	34238332	2302834
9 Other employee benefits	483121936	383926142	92944448	6251346
10 Payroll taxes	112316434	89255345	21607773	1453316
11 Fees for services (non-employees):				
a Management	23086		23086	
b Legal	19377710		19377710	
c Accounting	721648		721648	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	14989168		14989168	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	25395712	19565282	5696589	133840
13 Office expenses	23872913	17746438	5247381	879094
14 Information technology	46069664	18605469	26847660	616535
15 Royalties	328125	296822	31303	
16 Occupancy	141594782	41350960	100182982	60841
17 Travel	66391621	58491174	6501745	1398701
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	42785636	32676394	9363440	745802
20 Interest	42713385	33943367	8217329	552689
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	295721000	235002831	56891694	3826476
23 Insurance	39566968	31442980	7612012	511976
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Hospital Expenses	485601361	385984350	93350940	6266072
b Maintenance	147319249	14644871	132639420	34957
c Resale supplies and material	65478008	38496529	26981479	
d Food supplies	58467366	2216712	56250654	
e All other expenses	305779137	155016014	149990727	772397
25 Total functional expenses. Add lines 1 through 24e	5003732000	3645839701	1302946240	54946059
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	1088094000	2	930341000
	3 Pledges and grants receivable, net	214464000	3	190982000
	4 Accounts receivable, net	527213000	4	554309000
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other 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). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	60817000	7	61143000
	8 Inventories for sale or use	35484000	8	36745000
	9 Prepaid expenses and deferred charges	114963000	9	194854000
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7751905000		
	b Less: accumulated depreciation	10b 3563593000	10c	4188312000
	11 Investments—publicly traded securities	4529074000	11	4792866000
	12 Investments—other securities. See Part IV, line 11	1155812000	12	1275015000
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	40434000	15	95346000
16 Total assets. Add lines 1 through 15 (must equal line 34)	11710607000	16	12319913000	
Liabilities	17 Accounts payable and accrued expenses	526815000	17	619502000
	18 Grants payable		18	
	19 Deferred revenue	273636000	19	287819000
	20 Tax-exempt bond liabilities	981488000	20	1021569000
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2245143000	25	2417525000
	26 Total liabilities. Add lines 17 through 25	4027082000	26	4346415000
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5658164000	27	5878777000
	28 Temporarily restricted net assets	694240000	28	660614000
	29 Permanently restricted net assets	1331121000	29	1434107000
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	7683525000	33	7973498000
34 Total liabilities and net assets/fund balances	11710607000	34	12319913000	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5432968000
2	Total expenses (must equal Part IX, column (A), line 25)	2	5003732000
3	Revenue less expenses. Subtract line 2 from line 1	3	429236000
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7683525000
5	Net unrealized gains (losses) on investments	5	(139263000)
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7973498000

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the 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.	✓	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	✓	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	✓	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2014

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

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization <u>The Pennsylvania State University</u>	Employer identification number <u>24-6000376</u>
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 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 **section 170(b)(1)(A)(iii)**. 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 unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% 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 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include 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						
4 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 line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, 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 VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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 in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2014. 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 <input type="checkbox"/>		
b 33 1/3% support tests—2013. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (<i>see instructions</i>):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (<i>see instructions</i>).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization: The Pennsylvania State University; Employer identification number: 246000376

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor advisement.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include purpose of easements, total number and acreage, and various monitoring and reporting questions.

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.

Table with 2 columns: Description, Amount. Rows include questions about reporting art and historical treasures, and amounts for revenue and assets.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2264414000	1924142519	1772920805	1737842091	1350316156
b Contributions	130264792	92188061	73922655	76169480	136326665
c Net investment earnings, gains, and losses	73056607	336458431	161320493	42551700	329056886
d Grants or scholarships	(83957971)	(75382550)	(71459120)	(70842979)	(65964277)
e Other expenditures for facilities and programs					
f Administrative expenses	(14987429)	(12992461)	(12562314)	(12799486)	(11893321)
g End of year balance	2368790000	2264414000	1924142519	1772920805	1737842091

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 26.3%
- b** Permanent endowment ▶ 73.5%
- c** Temporarily restricted endowment ▶ .2%

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		✓
3a(ii)		✓
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		126790000		126790000
b Buildings		5731089000	2678421065	3052667935
c Leasehold improvements		632938000	295803201	337134799
d Equipment		1261088000	589368733	671719267
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 4188312000

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) Private capital	1275015000	end-of-year market value
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	1275015000	

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Deferred bond costs, net	5068000
(2) Beneficial interest in perpetual trusts	15471000
(3) Other assets	74807000
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	95346000

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Present value of annuities payable	48721000
(3) Accrued postretirement benefits	2091086000
(4) Deposits held in custody of others	32422000
(5) Refundable US Government student loans	47105000
(6) Other liabilities	198191000
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2417525000

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	5293705000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	(139263000)
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	(139263000)
3	Subtract line 2e from line 1	3	5432968000
4	Amounts 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	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	5432968000

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	5003732000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts 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	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	5003732000

Part XIII Supplemental Information.

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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

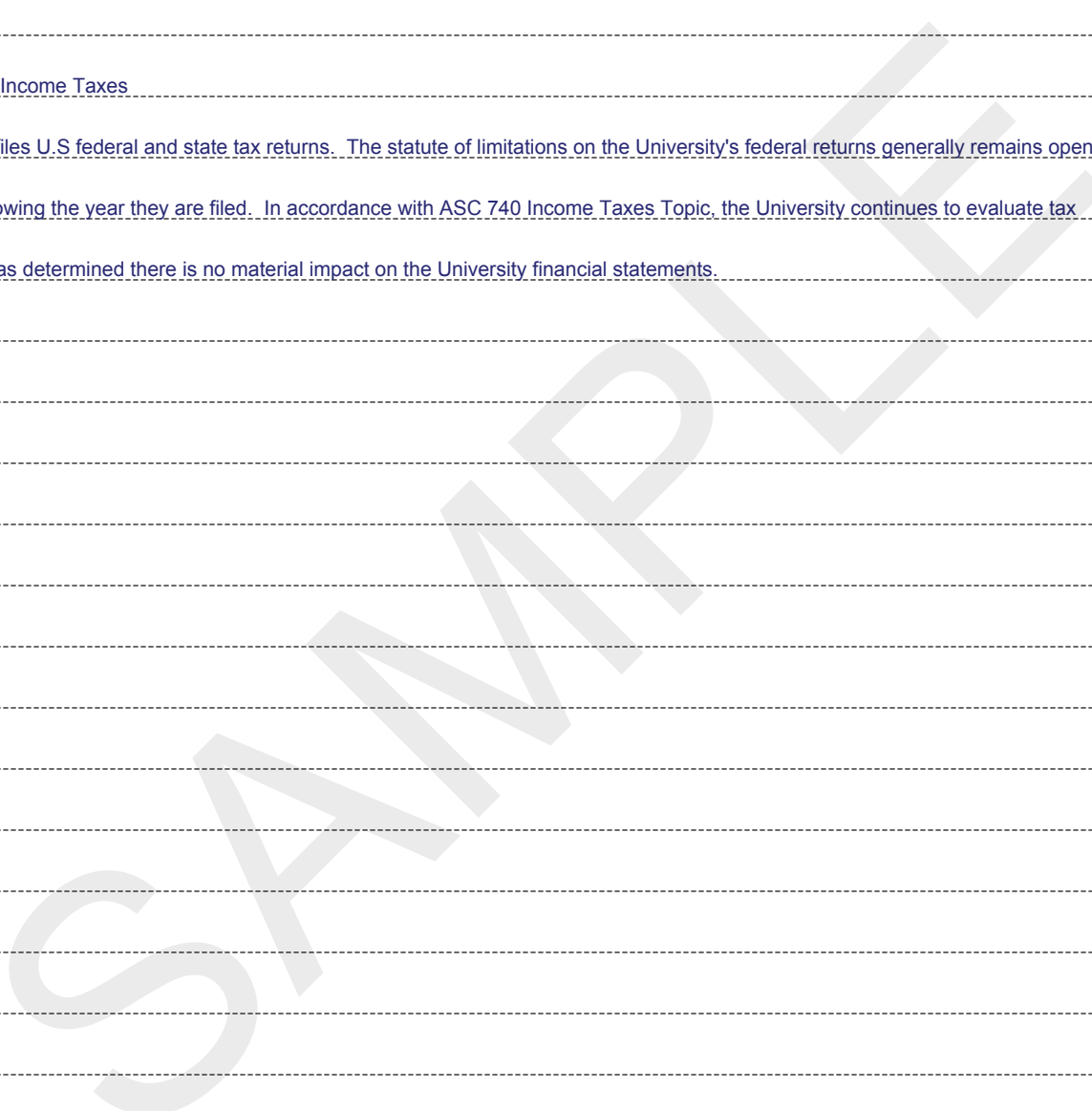
Part III - The Palmer Museum of Art on the Penn State University Park campus is a free-admission arts resource for PSU and surrounding communities in central Pennsylvania. The museum offers an ever-changing array of exhibitions and displays of its permanent collection. With eleven galleries, a print-study room, 150-seat auditorium, and outdoor sculpture garden, the Palmer Museum is a unique cultural resource for residents of and visitors to the region. The Palmer Museum supports the educational mission of the School of Art as well as the entire University and the University's community benefit mission.

Part XIII Supplemental Information *(continued)*

Part V - Each endowed gift to Penn State is formalized through the creation of guidelines, specific to that endowment, which provide an opportunity for donors to express their intentions for how the gift is to be directed and used by the University. Guidelines are created for the student, faculty, and program support and indicate the particular college, campus, or program to benefit from the endowed fund.

Part X, Line 2 - Income Taxes

The University files U.S federal and state tax returns. The statute of limitations on the University's federal returns generally remains open for three years following the year they are filed. In accordance with ASC 740 Income Taxes Topic, the University continues to evaluate tax positions and has determined there is no material impact on the University financial statements.



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

Schools

OMB No. 1545-0047

2014

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
▶ Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

▶ **Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Name of the organization

Employer identification number

The Pennsylvania State University

246000376

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	✓	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	✓	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II <u>See Part II.</u> ----- ----- -----	✓	
4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff?	✓	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	✓	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	✓	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. ----- ----- -----	✓	
5 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges?		✓
b Admissions policies?		✓
c Employment of faculty or administrative staff?		✓
d Scholarships or other financial assistance?		✓
e Educational policies?		✓
f Use of facilities?		✓
g Athletic programs?		✓
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. ----- ----- -----		✓
6a Does the organization receive any financial aid or assistance from a governmental agency?	✓	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II.		✓
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	✓	

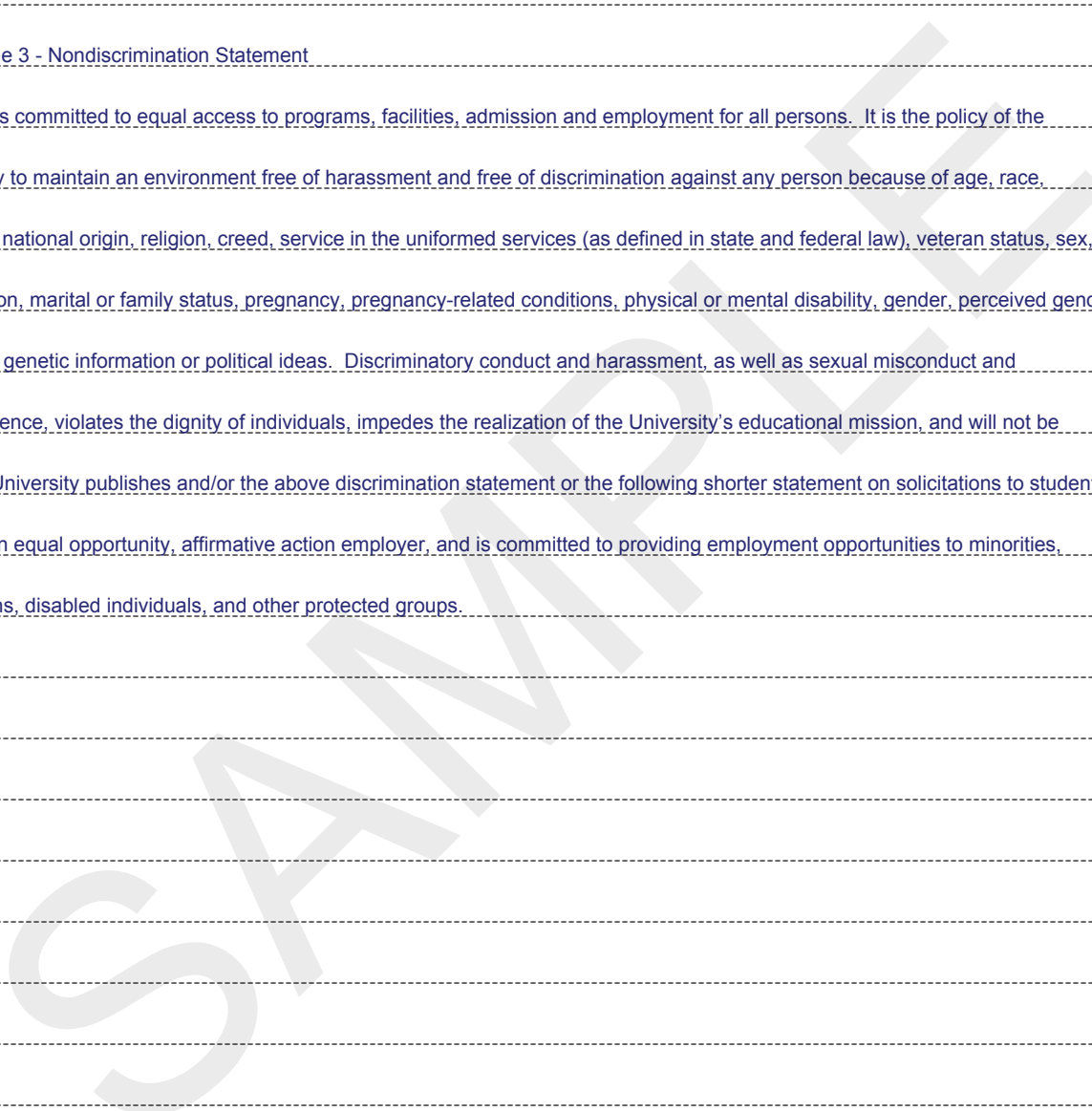
Part II **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

Schedule E, Line 6(a) - Government aid

The Commonwealth of Pennsylvania appropriation for the 2014-15 fiscal year was \$289,747,000.

Schedule E, Line 3 - Nondiscrimination Statement

The University is committed to equal access to programs, facilities, admission and employment for all persons. It is the policy of the University to maintain an environment free of harassment and free of discrimination against any person because of age, race, color, ancestry, national origin, religion, creed, service in the uniformed services (as defined in state and federal law), veteran status, sex, sexual orientation, marital or family status, pregnancy, pregnancy-related conditions, physical or mental disability, gender, perceived gender, gender identity, genetic information or political ideas. Discriminatory conduct and harassment, as well as sexual misconduct and relationship violence, violates the dignity of individuals, impedes the realization of the University's educational mission, and will not be tolerated. The University publishes and/or the above discrimination statement or the following shorter statement on solicitations to students: Penn State is an equal opportunity, affirmative action employer, and is committed to providing employment opportunities to minorities, women, veterans, disabled individuals, and other protected groups.



**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2014

**Open to Public
Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization

The Pennsylvania State University

Employer identification number

246000376

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Europe			program services	educat./research	3736800
(2) East Asia and the Pacific			program services	educat./research	1348727
(3) North America			program services	educat./research	1165731
(4) Sub-Saharan Africa			program services	educat./research	572438
(5) Central America /Caribbean			program services	educat./research	181843
(6) South America			program services	educat./research	367677
(7) South Asia			program services	educat./research	227803
(8) Middle East & North Africa			program services	educat./research	244982
(9) Russia & Newly Ind. States			program services	educat./research	157709
(10) Europe			Investments		483188177
(11) Asia / Pacific			Investments		386077135
(12) North America			Investments		24976344
(13) Middle East & Africa			Investments		19050187
(14) Central & South America			Investments		58484133
(15) Russia & Newly Indep. State			Investments		17302124
(16)					
(17)					
3a Sub-total					997081811
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					997081811

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

- 2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____
- 3** Enter total number of other organizations or entities ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) Student Aid	Sub-Saharan Africa	53	656842	deposits			
(2) Student Aid	East Asia and Pacific	230	2850446	deposits			
(3) Student Aid	Europe	1267	15702242	deposits			
(4) Student Aid	South America	62	768381	deposits			
(5) Student Aid	Africa & Middle East	22	272651	deposits			
(6) Student Aid	North America	11	136326	deposits			
(7) Student Aid	Cent Amer & Carribean	24	297438	deposits			
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

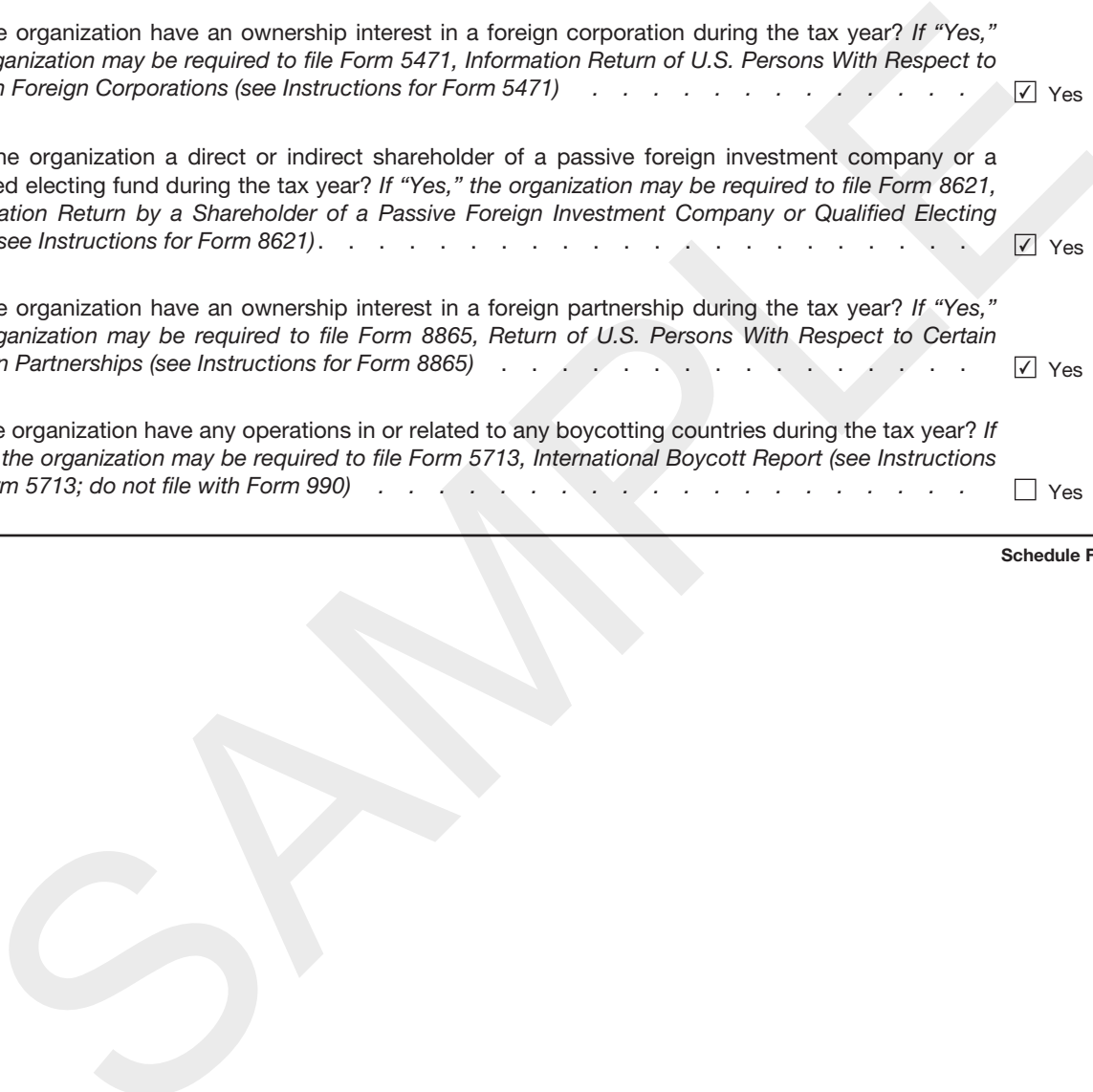
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*. Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No



Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

University aid is passed from the University to the Penn State program abroad, which has been visited and evaluated by
appropriate University personnel prior to student enrollment. Students participating in a non-Penn State program cannot receive financial
aid from the University.



Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Thon (event type)	Conn Dinner (event type)	15 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	13515920	138865	605212	14259997
	2 Less: Contributions	13273572	56770	32800	13363142
	3 Gross income (line 1 minus line 2)	242348	82095	572412	896855
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	495945	61321	280382	837648
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				837648
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				59207

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17** Mandatory distributions:
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2014

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
 ▶ **Attach to Form 990.**
 ▶ **Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization The Pennsylvania State University	Employer identification number 24 9000376
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Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . .	✓	
1b If "Yes," was it a written policy?	✓	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free care</i> ? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> %	✓	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted care</i> ? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	✓	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	✓	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	✓	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	✓	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		✓
6a Did the organization prepare a community benefit report during the tax year?	✓	
b If "Yes," did the organization make it available to the public?	✓	

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			14,282,770	0	14,282,770	
b Medicaid (from Worksheet 3, column a)			34,705,820	19,322,095	15,383,725	
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			48,988,590	19,322,095	29,666,495	
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,608,991	92,051	1,516,940	
f Health professions education (from Worksheet 5)			62,975,132	6,351,712	56,623,420	
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			363,580	0	363,580	
j Total. Other Benefits			64,947,703	6,443,763	58,503,940	
k Total. Add lines 7d and 7j			113,936,293	25,765,858	88,170,435	6.0%

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing					
2	Economic development					
3	Community support					
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy					
8	Workforce development					
9	Other					
10	Total					

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	✓
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	46,290,230
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	290,342,250
6	Enter Medicare allowable costs of care relating to payments on line 5	6	357,667,905
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-67,325,654
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	✓
9b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	✓

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	PA Psychiatric Institute	JV IP & OP psychiatric care	50%	0%	0%
2	Partners in Cancer Care	JV in oncology & infusion service for Ce	50%	0%	0%
3	Central PA Network	Clinically Integrated Network	50%	0%	0%
4	Penn State Hershey Endoscopy	Endoscopy Services	100%	0%	0%
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
(list in order of size, from largest to smallest—see instructions)										
How many hospital facilities did the organization operate during the tax year? <u>1</u>										
Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)										
1 Penn State Milton S. Hershey Medical Center										
500 University Ave										
Hershey PA 17033	✓									
http://www.pennstatehershey.org/										
PA# 135101										
2										
3										
4										
5										
6										
7										
8										
9										
10										

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group Penn State Milton S. Hershey Medical Center

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?		✓
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		✓
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	✓	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>12</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	✓	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	✓	
6b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		✓
7 Did the hospital facility make its CHNA report widely available to the public?	✓	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>http://www.pennstatehershey.org/</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	✓	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>14</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	✓	
a If "Yes," (list url): <u>http://www.pennstatehershey.org/documents/10100/2940258/2013+Community+Health+Needs+AS</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		✓
12b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group Milton S Hershey Medical Center

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	✓	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>2 5 0</u> % and FPG family income limit for eligibility for discounted care of <u>4 0 0</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?		✓
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	✓	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	✓	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): http://www.pennstatehershey.org/web/guest/patientca		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): http://www.pennstatehershey.org/d		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): _____		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	✓	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input checked="" type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input checked="" type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information *(continued)*

Name of hospital facility or letter of facility reporting group Milton S Hershey Medical Center

		Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		✓
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e	<input type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	✓	
If "No," indicate why:				
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b	<input type="checkbox"/> The hospital facility's policy was not in writing			
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	<input type="checkbox"/> Other (describe in Section C)			

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.			
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	<input checked="" type="checkbox"/> Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	23		✓
If "Yes," explain in Section C.				
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24		✓
If "Yes," explain in Section C.				

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Part V Section B 3-4. The community health needs assessment (CHNA) represented a comprehensive community-wide process where Holy Spirit Health System, Penn State Milton S. Hershey Medical Center, and Pinnacle Health System connected with a wide range of public and private organizations such as educational institutions, health-related professionals, local government officials, human service organizations, and faith based organizations to evaluate the community's health and social needs. The assessment included primary data collection, secondary data, interviews with stakeholders, focus groups with key audiences, and community forums. The CHNA report was issued in September 2012 and addressed the Dauphin, Cumberland, Perry, Lebanon, and the northern tier of York Counties.

Part V Section B 6-7. A comprehensive Implementation Plan with associated strategies and goals was developed, approved and published on our website in June 2013. Internal monitoring and tracking is on-going as part of the 3 year implementation process.

The identified need of Community Mental Health was not addressed within this plan. The Medical Center participates in the Pennsylvania Psychiatric Institute, a separate legal entity, that specifically addresses this issue.

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Part I - All financial data in Schedule H refers only to the Milton S. Hershey Medical Center - 7f Total Expenses include total Operating

Expenses of the Medical Center and the fund transfers to the College of Medicine.

Total Financial Assistance and Certain Other Community Benefits at Cost is 9.8 % of Total Operating Expenses, when the fund transfers supporting the Health Education and Research programs (\$55,694,468) managed by College of Medicine are included.

Pt. V Financial Assistance Policy #14: The hospital facility does not attach the actual policy to billing invoices, post in ED, waiting rooms, or Admissions, however our patient invoices, flyers and brochures indicate that financial assistance is available to patients who cannot afford to pay their medical bills.

Pt. V Charges to individuals eligible for assistance under the FAP (FAP eligible individuals) #20: PSHMC intentionally keeps charges well below average (31 percentile compared to our peers). Our charge structure factors in the amounts charged to FAP eligible individuals.

Part III Sec B.8 Hospital Medicare costs were calculated using MCCR (as filed) Schedule B1, total costs, subtracting out GME costs (reported part 1, 7f) and then multiplying that result by the Medicare payer mix for the hospital entity. Professional Medicare costs were calculated by taking the total WRVU for the professional entity and Multiplying that result by the Average cost per WRVU(including malp costs) that result is then calculated by the medicare payer mix for the professional entity.

Part III Sec A.3 Bad Debt & Charity Care - Attached Appendix A

Schedule H (Form 990) 2014

Part VI Supplemental Information

Appendix A

Bad Debts – Patient accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectability of patient accounts receivable, management analyzes past history and identifies trends for each major payor source of revenue to estimate the appropriate allowance for doubtful accounts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. For receivables associated with services provided to patients who have third-party coverage, management analyzes contractually due amounts and provides an allowance for doubtful accounts (for example, for expected uncollectible deductibles and copayments or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely). For receivables from self-pay patients the Medical Center and Health System records a provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. In estimating the allowance for doubtful accounts, account age is taken into consideration. The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

Charity Care – The Medical Center provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than established rates. The Medical Center does not pursue collection of amounts determined to qualify as charity care and is based on a ratio of the Medical Center's operational costs to its gross charges.

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

The Pennsylvania State University

246000376

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Student Aid for Univ. enrollees	75102	1208267080			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Penn State participates in all the major federal and state student aid programs. Federal and state funding sources comprise 70 percent of all student aid at Penn State, the majority of which is available in the form of federal education loans for students and parents. Eligibility for these programs is determined based on the information students report on the Free Application for Federal Student Aid (FAFSA) each year, in accordance with federal and state regulations. Student aid funds are awarded based on financial need and these limited funds are distributed first to students with the greatest financial need. The University has a wide array of monitoring procedures and controls in place to ensure compliance with federal, state, and local laws as well as its own internal policies.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

The Pennsylvania State University

Employer identification number

24-6000376

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|---|
| <input checked="" type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

	Yes	No
1a		
1b	✓	

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

2	✓	
----------	---	--

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- | | | | |
|--|-----------|---|---|
| a Receive a severance payment or change-of-control payment? | 4a | | ✓ |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | ✓ | |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | ✓ |

4a		✓
4b	✓	
4c		✓

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- | | | | |
|--|-----------|--|--|
| a The organization? | 5a | | |
| b Any related organization? | 5b | | |
- If "Yes" to line 5a or 5b, describe in Part III.

5a		
5b		

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- | | | | |
|--|-----------|--|--|
| a The organization? | 6a | | |
| b Any related organization? | 6b | | |
- If "Yes" to line 6a or 6b, describe in Part III.

6a		
6b		

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

7		
----------	--	--

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

8		
----------	--	--

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

9		
----------	--	--

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Eric Barron	(i)	581818		198486	24154	13849	818307	
	(ii)							
2 Stephen Dunham	(i)	526587			24154	15143	565884	
	(ii)							
3 David Gray	(i)	413007		10164	67871	8439	499481	
	(ii)							
4 A. Craig Hillemeier	(i)	605248		162634	20150	9666	797698	
	(ii)							
5 Nicholas Jones	(i)	479757		37059	24154	13873	554843	
	(ii)							
6 Rodney Kirsch	(i)	436326		120191	24154	93	580764	
	(ii)							
7 Rod Erickson	(i)	353103	150000	172183	49140	8132	704457	
	(ii)							
8 Robert Pangborn	(i)	353103		22672	24154	22450	422379	
	(ii)							
9 Harold Paz	(i)	635323	346768	233108	24154	12416	1251769	
	(ii)							
10 Graham Spanier	(i)	596804			24154	6551	627509	
	(ii)							
11 James Franklin	(i)	1282187	3200000	22314	24154	17362	4546018	
	(ii)							
12 Robert Harbaugh	(i)	909744	201374		20150	21273	1152540	
	(ii)							
13 Alan Brechbill	(i)	692719	239645	78942	20150	22773	1054228	
	(ii)							
14 Kevin Black	(i)	791278	179983		20150	17417	1008828	
	(ii)							
15 Peter Dillon	(i)	777624	185982		20150	21272	1005028	
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part I, Question 1(a) - Payment of Expenses

Officers and other University employees utilize charter travel in limited instances where the business advantage justifies any additional cost incurred. Penn State

pays for spousal travel expense which serves a legitimate University business purpose. In addition, the University pays for a social club membership that its President and other

University personnel use primarily for business purposes.

Part I, Question 1(a) - Provision of Personal Residence

As part of his employment agreement, President Barron is required to live in Schreyer House for purposes of being able to host University events. Maid service is provided for the areas of

residence used for entertaining, but not the families personal space.

Part I, Question 1(a) - Tax Indemnification and Gross up Payments

As required under the executive life insurance plan agreements entered into in prior years, the University grossed-up income from policy rollouts to indemnify participants for

resulting tax liability. Tax gross-ups are included in reportable compensation listed in Part II.

Part I, Question 4(b) - Amounts included in compensation from participation in supplemental nonqualified retirement plan

Harold Paz - 181,986; Alan Brechbill - 72,365

Part II, Line 9

Upon termination of his employment as University President, the University's 2010 employment agreement with Graham Spanier provides that he may continue as a tenured faculty member

for five years at an annual base compensation rate of \$600,000.

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

The Pennsylvania State University

Employer identification number

24-6000376

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A Pennsylvania State University	24-6000376	709235VL6	2015	74996315	Construction & renovation		✓		✓		✓
B Pennsylvania State University	24-6000376	709235WH4	2015	134826646	Refunding - 2004 & 2005 series bonds		✓		✓		✓
C Pennsylvania State University	24-6000376	709235UG	2010	145004581	Construction & renovation		✓		✓		✓
D Pennsylvania State University	24-6000376	709235TM	2009	149999437	Construction & renovation		✓		✓		✓

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired								36765000
2 Amount of bonds legally defeased								
3 Total proceeds of issue	75004034		134826646		145265300			149999437
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	346137		599005		995475			916379
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	13395718				144269825			149083058
11 Other spent proceeds								
12 Other unspent proceeds	61262179							
13 Year of substantial completion				2015		2012		2011
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		✓	✓			✓		✓
15 Were the bonds issued as part of an advance refunding issue?		✓		✓		✓		✓
16 Has the final allocation of proceeds been made?		✓	✓		✓		✓	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	✓		✓		✓		✓	

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		✓		✓		✓		✓
2 Are there any lease arrangements that may result in private business use of bond-financed property?		✓		✓		✓		✓

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		✓		✓		✓		✓
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		✓		✓		✓		✓
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . ▶		0 %		0 %		0 %		0 %
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . ▶		0 %		0 %		0 %		0 %
6 Total of lines 4 and 5		0 %		0 %		0 %		0 %
7 Does the bond issue meet the private security or payment test?		✓		✓		✓		✓
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		✓		✓		✓		✓
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		✓		✓		✓		✓

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		✓		✓		✓		✓
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		✓		✓		✓		✓
b Exception to rebate?	✓		✓		✓		✓	
c No rebate due?		✓		✓		✓		✓
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		✓		✓		✓		✓
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		✓		✓		✓		✓
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part VI **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

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**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.**

▶ **Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

The Pennsylvania State University

Employer identification number

24-6000376

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A Pennsylvania State University	24-6000376	709235TQ	2009	75004075	Refunding - 2001 series bonds		✓		✓		✓
B Pennsylvania State University	24-6000376	709235SD	2008	80570622	Construction & renovation		✓		✓		✓
C Pennsylvania State University	24-6000376	709235SN	2008	8415881	Construction & renovation		✓		✓		✓
D Pennsylvania State University	24-6000376	709235QG	2007	90595737	Construction & renovation		✓		✓		✓

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired					6250000			3525000
2 Amount of bonds legally defeased								
3 Total proceeds of issue	75004075		81394067		8415881			93494516
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows					8363935			
7 Issuance costs from proceeds	4075		555090		51946			584943
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	0		80838977					92909573
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion	2009		2010		2008		2009	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	✓			✓	✓			✓
15 Were the bonds issued as part of an advance refunding issue?		✓		✓		✓		✓
16 Has the final allocation of proceeds been made?	✓		✓		✓		✓	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	✓		✓		✓		✓	

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		✓		✓		✓		✓
2 Are there any lease arrangements that may result in private business use of bond-financed property?		✓		✓		✓		✓

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		✓		✓		✓		✓
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		✓		✓		✓		✓
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . ▶		0 %		0 %		0 %		0 %
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . ▶		0 %		0 %		0 %		0 %
6 Total of lines 4 and 5		0 %		0 %		0 %		0 %
7 Does the bond issue meet the private security or payment test?		✓		✓		✓		✓
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		✓		✓		✓		✓
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		✓		✓		✓		✓

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		✓		✓		✓		✓
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		✓		✓		✓		✓
b Exception to rebate?	✓		✓		✓		✓	
c No rebate due?		✓		✓		✓		✓
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	✓			✓		✓		✓
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		✓		✓		✓		✓
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

The Pennsylvania State University

Employer identification number

24-6000376

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A Pennsylvania State University	24-6000376	709235RD	2007	88867806	Refunding - 1997 series bonds		✓		✓		✓
B Pennsylvania State University	24-6000376	709235PJ	2005	102675408	Construction	✓			✓		✓
C Pennsylvania State University	24-6000376	709235NR	2004	65024774	Construction	✓			✓		✓
D PA Higher Ed Facilities Authority	52-1558022	70917PHF	2006	4819645	Sprinkler system installation		✓		✓		✓

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	22425000		98175000		62000000		1585000	
2 Amount of bonds legally defeased								
3 Total proceeds of issue	88867806		103998937		65394401		4826567	
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows	88342131							
7 Issuance costs from proceeds	525675		594918		432890		110389	
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds			103404019		64961511		4716178	
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion	2007		2007		2006		2008	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		✓		✓		✓		✓
15 Were the bonds issued as part of an advance refunding issue?	✓			✓		✓		✓
16 Has the final allocation of proceeds been made?	✓		✓		✓		✓	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	✓		✓		✓		✓	

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		✓		✓		✓		✓
2 Are there any lease arrangements that may result in private business use of bond-financed property?		✓		✓		✓		✓

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		✓		✓		✓		✓
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		✓		✓		✓		✓
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . ▶		0 %		0 %		0 %		0 %
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . ▶		0 %		0 %		0 %		0 %
6 Total of lines 4 and 5		0 %		0 %		0 %		0 %
7 Does the bond issue meet the private security or payment test?		✓		✓		✓		✓
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		✓		✓		✓		✓
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		✓		✓		✓		✓

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		✓		✓		✓		✓
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		✓		✓		✓		✓
b Exception to rebate?	✓		✓		✓		✓	
c No rebate due?		✓		✓		✓		✓
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		✓		✓		✓		✓
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		✓		✓		✓		✓
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

The Pennsylvania State University

Employer identification number

24-6000376

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A PA Higher Ed Facilities Authority	52-1558022	70917NH2	2004	5600000	Sprinkler system installation		✓		✓		✓
B											
C											
D											

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired	2205000			
2 Amount of bonds legally defeased				
3 Total proceeds of issue	5608019			
4 Gross proceeds in reserve funds				
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrows				
7 Issuance costs from proceeds	161241			
8 Credit enhancement from proceeds				
9 Working capital expenditures from proceeds				
10 Capital expenditures from proceeds	5446778			
11 Other spent proceeds				
12 Other unspent proceeds				
13 Year of substantial completion	2006			
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		✓		
15 Were the bonds issued as part of an advance refunding issue?		✓		
16 Has the final allocation of proceeds been made?	✓			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	✓			

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		✓						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		✓						

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		✓						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		✓						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . ▶		0 %		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . ▶		0 %		%		%		%
6 Total of lines 4 and 5		0 %		%		%		%
7 Does the bond issue meet the private security or payment test?		✓						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		✓						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		✓						

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		✓						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		✓						
b Exception to rebate?	✓							
c No rebate due?		✓						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		✓						
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		✓						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2014

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Open To Public Inspection

Name of the organization

Employer identification number

The Pennsylvania State University

24-6000376

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total ▶						\$						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Michele Kirsch	see below	111,814	Employment		✓
(2) Sandra Spanier	see below	165611	Employment		✓
(3) Jeffrey Erickson	see below	161360	Employment		✓
(4) Margaret Gray	see below	109623	Employment		✓
(5) Nina Redding	see below	117965	Employment		✓
(6) PSRP Developers, Inc.	see below	382759	Rental receipts & expen		✓
(7) PSRP Developers, LLC	see below	344018	Rental receipts & expen		✓
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Part IV(1) - Spouse of Rod Kirsch, Senior VP - Development. Dr. Michele Kirsch is the Associate Dean for Student Affairs

for the Schreyer Honors College.

Part IV(2) - Spouse of Graham Spanier, former University President. Dr. Sandra Spanier is a Professor of

English.

Part IV(3) - Son of Rodney Erickson, University President. Professor Jeffrey Erickson is Director of the University's

International Sustainable Projects Law Clinic and a supervising faculty attorney in the Rural

Economic Development Clinic.

Part IV(4) - Spouse of David Gray, Senior VP - Finance and Business/Treasurer. Mrs. Margaret Gray is the University's

Director of Local Government and Community Relations.

Part IV(5) - Spouse of Russell Redding, University Trustee. Mrs. Nina Redding is the District Director of the Penn State

Adams, Franklin & York Counties Extension Offices.

Part IV(6) - Entity of which Trustee Ira Lubert is an officer. PSRP Developers, Inc. collected \$413,875 of real

property rental payments and paid the University rental payments \$31,116 relating to Research Park lease arrangements.

The University's relationship with PSRP Developers, Inc. existed prior to Mr. Lubert becoming a University Trustee.

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Part IV(7) - Partnership is 33 1/3% owned by Trustee Ira Lubert. PSRP Developers, LLC collected \$375,110 of real property rental payments during the year and paid the University rental payments of \$31,092 relating to Research Park lease arrangements. The University's relationship with PSRP Developers, LLC existed prior to Mr. Lubert becoming a University Trustee.

All transactions between the University and "interested persons" described in the question are conducted at arm's length for good and sufficient consideration, and the University believes that the terms and conditions of such transactions have been fair and reasonable.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

The Pennsylvania State University

246000376

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	✓			
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous	✓		15764793	fair market value
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (not securities)	✓		38057881	fair market value
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		✓
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	✓	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		✓
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

The Pennsylvania State University

Employer identification number

24-6000376

Part IV, Line 1 - Described in section 501(c)(3)

The University is exempt from federal income tax as a governmental entity under IRC section 115. It is an instrumentality of the Commonwealth of Pennsylvania.

Part VI, Line 7(a) - Election of Governing Body

Penn State's 33-member Board of Trustees is composed of the following: Six trustees serve in an ex officio capacity by virtue of their position within the University or the Commonwealth of Pennsylvania. They are the President of the University (non-voting); the Governor of the Commonwealth (non-voting); the Governor's non-voting representative, and the state secretaries of the departments of Agriculture; Education; and Conservation and Natural Resources. Six trustees are appointed by the Governor; nine trustees are elected by the alumni; six are elected by organized agricultural societies within the Commonwealth; and six are elected by the Board of Trustees representing business and industry.

Part VI, Line 11(b) - Form 990 Review

A draft of the organization's form 990 is provided to Board members and reviewed at a board meeting. Board members are able to ask questions and comment.

Part VI, Line 12(c) - Monitoring of conflicts of interest

Consistent with University bylaws, officers, trustees and key employees complete "Conflict of Interest Disclosure Verification" on an annual basis. This form provides for disclosure of family members and/or related businesses having dealings with the University.

Part VI, Line 15(a & b) - Determination of Officer Compensation

The compensation of University officers is determined by a compensation committee comprised of Board members who consider performance, salaries of executives in similar positions as well as the advice of outside advisors and data found in compensation surveys.

Name of the organization

Employer identification number

The Pennsylvania State University

24-6000376

Part VI, Line 19 - Document availability to the public

The University makes its governing documents, conflict of interest policy, and financial statements available to the public upon request. In addition, financial statements are available on the University's website.

Part VI, Line 4: Penn State Governance Changes

Made the Secretary of Agriculture, the Secretary of Education and the Secretary of Conservation and Natural Resources ex officio voting members of the Board; added the immediate past president of the Penn State Alumni Association as an ex officio member of the Board; provided for the election of a student trustee, an academic trustee and three at-large trustees; amended provisions relating to the election of trustees representing agricultural interests; provided for the terms of office for the student trustee, academic trustee and at-large trustees; changed the composition of the executive committee.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

The Pennsylvania State University

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Employer identification number

24600037

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Penn State Hershey Endoscopy Center LLC 26400022 Hershey, PA 17033	Healthcare	PA	181301	210500	PSHHS
(2) Reese Road Properties, LLC 210227825 University Park, PA 16802	Holding company	PA	0	0	Penn State Univ
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) The Milton S. Hershey Medical Center 25-1854772 Hershey, PA 17033	Healthcare	PA	501(c)(3)	509(a)(1)	Penn State Univ	✓	
(2) The Corporation for Penn State 25-1500292 University Park, PA 16802	Holding company	PA	501(c)(3)	509(a)(3)	Penn State Univ	✓	
(3) Penn State Research Foundation 23-1359185 University Park, PA 16802	Research	PA	501(c)(3)	509(a)(3)	Corp. for P.S.	✓	
(4) Pennsylvania College of Technology 23-2564508 Williamsport, PA 17701	Education	PA	501(c)(3)	509(a)(1)	Corp. for P.S.	✓	
(5) Ben Franklin Tech. Ctr of Central and Northern PA 25-1618093 University Park, PA 16802	Technology	PA	501(c)(3)	509(a)(1)	Corp. for P.S.	✓	
(6) Recycling Markets Center 20-2191485 Middletown, PA 17057	Promote Recycling	PA	501(c)(3)	509(a)(3)	Corp. for P.S.	✓	
(7) Pennsylvania College of Technology Community Arts Center, Inc Williamsport, PA 17701 23-2617447	Art Center	PA	501(c)(3)	509(a)(1)	Penn Tech.	✓	

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

The Pennsylvania State University

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Employer identification number

24-6000376

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) The Pennsylvania State University Philanthropic Fund University Park, PA 16802 27-4628784	Fundraising	PA	501(c)(3)	509(a)(1)	Corp. for P.S.	✓	
(2) Penn State Health Hershey, PA 17033 47-3769205	Healthcare Support	PA	501(c)(3)	509(a)(3)	Penn State Univ	✓	
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) 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) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) HOSC Hershey, PA 17033	Medical	PA	PSHHS	Related	6252020	1423788		✓	N/A		✓	72
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) Research Park Mgmt. Corp 25-1625696 University Park, PA 16802	Real Estate	PA	Corp for P.S.	C corp	426098	1401271	100%		✓
(2) Research Park Hotel Corp. 25-16730182 University Park, PA 16802	Hotel	PA	Res Park Mgmt.	C corp	3357398	23391793	100%		✓
(3) Penn State Hershey Health Systems 25-1769611 Hershey, Pa 17033	Healthcare	PA	Corp for P.S.	C corp	1431779	21867000	100%		✓
(4) Nittany Insurance Company 25-1718998 Burlington, VT 05606-4119	Insurance	VT	Corp for P.S.	C corp	172053	27419842	100%		✓
(5) PS Research Park Tech. Center 25-1723275 University Park, PA 16802	Condo Mgmt.	PA	Corp for P.S.	C corp	0	0	100%		✓
(6)									
(7)									

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Gift, grant, or capital contribution to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d Loans or loan guarantees to or for related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e Loans or loan guarantees by related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Dividends from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g Sale of assets to related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h Purchase of assets from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i Exchange of assets with related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets to related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k Lease of facilities, equipment, or other assets from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations for related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
m Performance of services or membership or fundraising solicitations by related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
o Sharing of paid employees with related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
p Reimbursement paid to related organization(s) for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
q Reimbursement paid by related organization(s) for expenses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
r Other transfer of cash or property to related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
s Other transfer of cash or property from related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) The Milton S. Hershey Medical Center	d	22933000	FMV
(2) The Milton S. Hershey Medical Center	a,l,n,o,r	93556594	FMV
(3) Ben Franklin Tech Ctr of Central and Northern PA	g,j,l,n,o,r	3881231	FMV
(4) Penn State Hershey Health System	a,d	117889754	FMV
(5) Nittany Insurance Company	c,r	2959644	FMV
(6) The Corporation for Penn State	m,s	2610	FMV

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		
1b		
1c		
1d		
1e		
1f		
1g		
1h		
1i		
1j		
1k		
1l		
1m		
1n		
1o		
1p		
1q		
1r		
1s		

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Penn State Research Foundation	j,m,n,o,q,r,s	1755167	FMV
(2)			
(3)			
(4)			
(5)			
(6)			

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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Section 2:

The salaries of all officers and directors of the State-related institution.

*No member of the Board of Trustees received a salary for services rendered as a Trustee.

<u>Name</u>		<u>Salary</u>
Eric Barron	President of the University	581,818
Stephen Dunham	VP & General Counsel	533,979
David Gray	Sr. VP - Finance & Business	413,007
A. Craig Hillemeier	CEO - Hershey Medical Center	605,248
Nicholas Jones	Executive VP & Provost	479,757
Rod Kirsch	Sr. VP - Development	436,326

Section 3:

The highest 25 salaries paid to employees of the institution that are not included under Section 2.

<u>Employee</u>		<u>Salary</u>
James Franklin	Head Football Coach	1,282,187
Robert Harbaugh, M.D.	Chair Department of Neurosurgery	909,744
John Myers, M.D.	Staff Physician - Pediatric Surgery	764,783
Kevin Black, M.D.	Chair Orthopaedics/Rehabilitation	791,278
Peter Dillon, M.D.	Chair Department of Surgery	777,624
Alan Brechbill	Executive Director - MSHMC	692,719
Jonas Sheehan, M.D.	Staff Physician - Neurosurgery	696,848
William Hennrikus, M.D.	Staff Physician - Orthopaedics	646,671
Douglas Armstrong, M.D.	Staff Physician - Orthopaedics	636,671
Lawrence Sinoway, M.D.	Director Penn State Heart & Vascular Institute	643,256
Graham Spanier	President Emeritus	600,000
Walter Pae, M.D.	Staff Physician - Heart and Vascular Institute	647,727
John Reid, M.D.	Staff Physician - Orthopaedics	578,633
Carol Copeland, M.D.	Staff Physician - Orthopaedics	557,149
Kevin Cockroft, M.D.	Staff Physician - Neurosurgery	588,163
James McInerney, M.D.	Staff Physician - Neurosurgery	576,837
Carlo de Luna, M.D.	Staff Physician - Neurosurgery	551,297
David Quillen, M.D.	Chair Department of Ophthalmology	552,875
Joseph Clark, M.D.	Staff Physician - Pediatric Surgery	581,258
Berend Mets, M.B.	Chair Department of Anesthesiology	536,089
Walter Koltun, M.D.	Staff Physician - Colorectal Surgery	525,449
Timothy Reiter, M.D.	Staff Physician - Neurosurgery	538,335
Mario Gonzalez, M.D.	Staff Physician - Heart and Vascular Institute	518,273
David Campbell, M.D.	Staff Physician - Heart and Vascular Institute	532,532
John Repke, M.D.	Chair Maternal Fetal Medicine	531,128