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DLN: 93493127007496

# Form **990**

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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 <a href="https://www.IRS.gov/form990">www.IRS.gov/form990</a>

OMB No 1545-0047

Open to Public Inspection

A Fo	r the 2014	cal <u>endar year, or tax year beginnin</u> g	g 07-01-2014 ,and ending 06-30-201	.5		
B Che	eck if applical	le C Name of organization GANNON UNIVERSITY			D Employer id	dentification number
┌ Add	dress change	GANNON GINIVERSITI			25-04969	76
┌ Na	me change	Doing business as				
┌ Init	tial return					
Fin	al	•	nail is not delivered to street address) Room/si	uite	E Telephone nu	umber
ret	urn/terminate	d 109 University Square			(814)871	-7213
☐ Am	ended return	City or town, state or province, cour Erie, PA 16541	ntry, and ZIP or foreign postal code			
☐ App	plication pend	ng			<b>G</b> Gross receipt	ts \$ 153,428,675
		<b>F</b> Name and address of prir	ncipal officer	H(a) Is the	s a group retu	rn for
		Dr Keith Taylor 109 University Square		subor	dinates?	┌ Yes 🗸 No
		Erie, PA 16541		H(b) Are a	II subordinate	s
				includ		3   TC3  NO
I Ta	x-exempt sta	tus 🔽 501(c)(3) 🔽 501(c)( ) 🖪 (	insert no ) 4947(a)(1) or 527	If "No	," attach a lıs	st (see instructions)
J W	ebsite: 🕨	www gannon edu		H(c) Grou	p exemption n	number ►
K For	m of organiza	ion 🔽 Corporation 🗀 Trust 🗀 Associatio	n Cother ▶	<del> </del>	mation 1925	M State of legal domicile PA
		immary	n, oder P	E rear or ion	mation 1929	11 State of legal dofficile 17
		y describe the organization's mission	on or most significant activities			
			nnon is a Catholic, Diocesan universit	y offering a cor	mprehensive,	values-centered
			h, leadership, inclusiveness and socia			
ጵ	stude	nts to be global citizens				
Ē						
ē						
Governance	2 Chec	k this box দ if the organization dis	scontinued its operations or disposed	of more than 2	5% of its net	assets
	l				۔ ا	1
<u>es</u>			ing body (Part VI, line 1a)			
Activities &			of the governing body (Part VI, line 1b		4	
्र व			calendar year 2014 (Part V, line 2a)		6	<del>'</del>
		number of volunteers (estimate if n	art VIII, column (C), line 12		· ·	
			rom Form 990-T, line 34		7a 7b	· · · · · · · · · · · · · · · · · · ·
	<b>D</b> NCC a	metacea basiness taxable meome n	101111 01111 3 3 0 1 , IIIIC 3 4		r Year	Current Year
				PIIO	i reai	Current rear
	la co	stributions and grants (Part VIII) lu	ne 1 h )		8 567 511	8 982 383
활			ne 1h)	1	8,567,511 08 781 746	8,982,383 114 202 735
enue	<b>9</b> Pro	gram service revenue (Part VIII, li	ne 2g)		.08,781,746	114,202,735
Rayenne	9 Pro	gram service revenue (Part VIII, li estment income (Part VIII, column	ne 2g)		.08,781,746 8,543,850	114,202,735 1,988,528
Revenue	9 Pro 10 Inv 11 Ot	gram service revenue (Part VIII, li estment income (Part VIII, column ier revenue (Part VIII, column (A),	ne 2g)	ne	08,781,746 8,543,850 776,910	114,202,735
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Revenue	9 Pro 10 Inv 11 Otl 12 Tot 12 Tot 12 Gra	gram service revenue (Part VIII, li estment income (Part VIII, column ier revenue (Part VIII, column (A), al revenue—add lines 8 through 11 	ne 2g)	1 1	08,781,746 8,543,850 776,910	114,202,735 1,988,528 727,470
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	9 Pro 10 Inv 11 Ott 12 Tot 12 13 Gra 14 Be 15 Sa 5-	gram service revenue (Part VIII, li estment income (Part VIII, column ier revenue (Part VIII, column (A), al revenue—add lines 8 through 11 	ne 2g)	1 1	08,781,746 8,543,850 776,910 26,670,017 33,625,552 0 52,173,866	114,202,735 1,988,528 727,470 125,901,116 35,715,104 0 54,139,626
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Net Assets or Expenses Fund Balances	9 Pro 10 Inv 11 Oti 12 Toi 12 13 Gra 14 Be 15 Sa 5- 16a Pro b Tota 17 Oti 18 Toi 19 Re  20 Toi 21 Toi 22 Ne	gram service revenue (Part VIII, li estment income (Part VIII, column ier revenue (Part VIII, column (A), al revenue—add lines 8 through 11 ints and similar amounts paid (Part Parts paid to or for members (Part I paries, other compensation, employed (O) fessional fundraising fees (Part IX, il fundraising expenses (Part IX, column (D) part expenses (Part IX, column (A), li part expenses Add lines 13–17 (must expenses Subtract line al assets (Part X, line 16)	ne 2g)	Beginning Y	08,781,746 8,543,850 776,910 26,670,017 33,625,552 0 52,173,866 165,247  24,246,143 10,210,808 16,459,209 Jof Current ear 18,940,656 76,502,040	114,202,735 1,988,528 727,470 125,901,116 35,715,104 0 54,139,626 156,456 27,473,474 117,484,660 8,416,456 End of Year 224,392,889 73,193,038
Not Assets or Expenses	9 Pro 10 Inv 11 Ott 12 Tot 12 Tot 13 Gra 14 Be 15 Sa 5- 16a Pro b Tota 17 Ott 18 Tot 19 Re 20 Tot 21 Tot 22 Ne	gram service revenue (Part VIII, li estment income (Part VIII, column (A), al revenue—add lines 8 through 11	ne 2g)	Beginning Y 2	08,781,746 8,543,850 776,910 26,670,017 33,625,552 0 52,173,866 165,247  24,246,143 10,210,808 16,459,209 of Current ear 218,940,656 76,502,040 42,438,616	114,202,735 1,988,528 727,470  125,901,116 35,715,104 0 54,139,626 156,456  27,473,474 117,484,660 8,416,456 End of Year  224,392,889 73,193,038 151,199,851
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0)(Revenue \$

4d

(Expenses \$

Other program services (Describe in Schedule O)

Total program service expenses ►

844,396 including grants of \$

104,980,503

0)

Part TV	Check	list of	Required	<b>Schedules</b>

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{*}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	<b>Section 501(c)(3) organizations.</b> 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>	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
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>	8	Yes	
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? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
<b>L1</b>	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Νo
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
L3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 💆	13	Yes	
L4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? If "Yes," complete Schedule F, Parts I and IV	14b		No
<b>L</b> 5	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? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
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? If "Yes," complete Schedule I, Parts I and II	21		No
	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? If "Yes," complete Schedule I, Parts I and III	22	Yes	
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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
С	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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
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? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
	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		No
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		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
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		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part $I$	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> 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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Yes	

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	<u> </u>	<u> </u>	厂_
	Estantia number number de Barra de Constantia de Constanti		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 5,008  Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
Ĭ	gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
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			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	165	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
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)?	4a		No
ь	If "Yes," enter the name of the foreign country 🛌			
	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?	5a		N o
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	טכ		
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			<u></u>
	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			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
ь	Enter the amount of reserves the organization is required to maintain by the states			
	ın which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Check in Schedule O contains a response of note to any fine in this fact vir.	Check if Schedule O	O contains a response or note to any line in this Part VI									[৴
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Se	ection A. Governing Body and Management			
			Yes	No
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year			
	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			
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?	2		No
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? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		 No
6	Did the organization have members or stockholders?	6		No.
	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?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
_	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	$\vdash$	165	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
<u> 5e</u>	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No_
	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?	l I		
11a		10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		Yes	
b			Yes	
	the form?		Yes	
12a	the form?	11a		
12a b	the form?	11a	Yes	
12a b	the form?	11a 12a 12b	Yes	
12a b c	the form?	11a 12a 12b	Yes Yes Yes	
12a b c	the form?	11a 12a 12b 12c 13	Yes Yes Yes	
12a b c 13	the form?	11a 12a 12b 12c 13	Yes Yes Yes	
12a b c 13 14 15	the form?	11a 12a 12b 12c 13	Yes Yes Yes Yes	
12a b c 13 14 15	the form?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
12a b c 13 14 15 a b	the form?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
12a b c 13 14 15 a b	the form?	11a  12a  12b  12c  13  14  15a	Yes Yes Yes Yes Yes Yes	No

### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶PA
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
  - Own website Another's website Vupon request Other (explain in Schedule O)
- 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
- State the name, address, and telephone number of the person who possesses the organization's books and records ►Jeffrey S Taylor
  - 109 University Square
    - Erie, PA 16541 (814)871-7213

Form 990 (2014)	
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# 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, or 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) A verage hours per week (list any hours	(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-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)	2/1099-MISC)	organization and related organizations

Form **990** (2014)

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					i	1 , 1	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustie or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

ID Su	ub-Total				
с Тс	otal from continuation sheets to Part VII, Section A	►[			
d To	otal (add lines 1b and 1c)	<u>►</u>	2,362,724	0	412,294

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization►37

			Yes	No	
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	Yes		
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? If "Yes," complete Schedule I for such individual				
	marviadar	4	Yes		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No	

### **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>B)</b> Description of services	(C) Compensation
Building Systems Inc 7335 Old Perry Highway Erie, PA 16509	General contractor	10,050,196
Perry Construction Group Inc 1440 West 21st Street Erie, PA 16512	General contractor	3,887,659
Metz & Associates Ltd Two Woodland Drive Dallas, PA 18612	Food service provider	3,010,033
Steve Lewis Contracting Inc 3603 West 12th Street Erie, PA 16505	General contractor	1,659,352
Wiley 1415 West 22nd Street Suite 400 Oak Brook, IL 60523	Education provider	1,215,419
2 Total number of independent contractors (including but not limited to those listed above)	who received more than	

Part V	***	Statement o		aca or note to any l	no in this Dort VIII			_
		Check if Schear	ule O contains a respoi	ise or note to any ii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
10	1a	Federated cam	paigns 1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership du	ıes <b>1b</b>	0				
<u> </u>								
, <u>8</u>	С	Fundraising eve						
<u> </u>	d	Related organiz	zations 1d					
.°.≣	e	Government grants	s (contributions) <b>1e</b>	3,009,383				
들인	f		ons, gifts, grants, and <b>1f</b>	5,973,000				
e e		sımılar amounts no						
틸즈	g	Noncash contribute 1a-1f \$	ons included in lines	736,798				
<u> </u>	h	Total. Add lines	s 1a-1f		8,982,383			
				Business Code				
a l	2a	Tuition & Fees		611310	101,680,656	101,650,767	29,889	n
ia, a	b	Auxillary Enterprise		611310	12,522,079	12,522,079	25,005	0
<u>م</u> ا	c	Advindry Enterprise		011310	12,322,079	12,322,079		
Š	_							
₹	d							
Program Serwce Revenue	e	A.II						
5	f	All other progra	am service revenue		0	0	0	0
Δ.	g	Total. Add lines	s 2a-2f		114,202,735			
	3		ome (including dividen		1.625.320	0	0	1 625 220
	_		ar amounts)		1,635,239 120,892	0	0	1,635,239 120,892
	4		stment of tax-exempt bond		120,892	0	0	120,692
	5	Royalties	(1) Pool		Ü			
	6a	Gross rents	(ı) Real 131,292	(II) Personal 0				
	b	Less rental	53,709	0				
	_	expenses Rental income	77,583	0				
	С	or (loss)	·	0				
	d	Net rental inco	me or (loss)		77,583	0	0	77,583
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	27,706,247	0				
	b	Less cost or other basis and sales expenses	27,473,850	0				
	С	Gain or (loss)	232,397	0	202 207			222 227
	d		ss)		232,397	0	0	232,397
Other Revenue	8a	Gross income f events (not inc \$ of contributions See Part IV, lin	luding 0 s reported on line 1c) ne 18					
<u> </u>	ь	1 000 dimo-+	penses b	0				
5	C		(loss) from fundraising	events 🛌	0		0	0
		Gross income f	rom gaming activities ne 19					
	L	1	a					
	b c		penses <b>b</b> (loss) from gamıng actı	vities -				
		Gross sales of returns and allo	inventory, less owances .	vides				
	L	1	ada aaldb					
	b C	Less cost of g	oods sold . . <b>b</b> (loss) from sales of ınv	entory -				
		Miscellaneous		Business Code				
}	11a	Commissions E		900099	173,866	173,866	0	0
	b		JOURSIUIE	541800	32,203	0	32,203	
		Advertising		323100		0	24,817	0
	C	Personal Printi		323100	419,001	419,001	24,617	0
	d		ue s 11a-11d	L	419,001	419,001	0	
	e			•	649,887			
	12	Total revenue.	See Instructions .	🕨	125,901,116	114,765,713	86,909	2,066,111

# Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must come

Section	on $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All	l other organizati	ions must comp	lete column (A )	
	Check if Schedule O contains a response or note to any line in this	Part IX	<u></u>		<u> </u>
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0	0		
2	Grants and other assistance to domestic individuals See Part IV, line 22	35,715,104	35,715,104		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	1,132,635	460,184	542,051	130,400
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0	0	0	0
7	Other salaries and wages	37,839,002	33,249,944	3,748,022	841,036
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,285,003	1,754,543	442,473	87,987
9	Other employee benefits	10,192,257	9,230,485	786,565	175,207
10	Payroll taxes	2,690,729	2,116,608	505,092	69,029
11	Fees for services (non-employees)				
а	Management	0	0	0	0
b	Legal	101,391	7,470	93,921	0
С	Accounting	62,295	0	62,295	0
d	Lobbying	0	0	0	0
e	Professional fundraising services See Part IV, line 17	156,456			156,456
f	Investment management fees	71,963	0	71,963	0
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0	0	0	0
12	Advertising and promotion	1,285,249	562,923	720,981	1,345
13	Office expenses	2,007,551	1,437,806	492,672	77,073
14	Information technology	1,872,024	357,257	1,513,753	1,014
15	Royalties	0	0	0	0
16	Occupancy	3,147,727	940,775	2,206,952	0
17	Travel	1,662,064	1,401,420	192,565	68,079
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	1,205,226	1,068,037	76,292	60,897
20	Interest	2,108,181	2,108,181	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	5,016,828	4,351,597	665,204	27
23	Insurance	718,120	254,878	463,242	0
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)				
а	Cafeteria	2,541,503	2,541,503	0	0
b	Equipment Maintenance	1,555,029	1,207,016	335,593	12,420
c	Indirect Cost Allocation	0	166,797	-166,797	0
d	Maintenance of Plant Allocation	0	2,596,521	-2,596,521	0
e	All other expenses	4,118,323	3,451,454	554,510	112,359
25	Total functional expenses. Add lines 1 through 24e	117,484,660	104,980,503	10,710,828	1,793,329
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 ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

	T X	Check if Schedule O contains a response or note to any line in this Part X			· · · -
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing	4,075	1	4,125
	2	Savings and temporary cash investments	39,996,980	2	32,390,986
	3	Pledges and grants receivable, net	2,592,349	3	3,400,287
	4	Accounts receivable, net	1,742,611	4	1,407,310
	5	Loans and other receivables from current and former officers, directors, trustees, k employees, and highest compensated employees Complete Part II of Schedule L	еу	5	0
ŧ	6	Loans and other receivables from other disqualified persons (as defined under sect $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and contributing employe and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficial organizations (see instructions) Complete Part II of Schedule L	ers		0
Assets	7	Notes and loans receivable, net	0	H -	0
Ą	8	Inventories for sale or use	0	<b>⊢</b> •	0
	9	Prepaid expenses and deferred charges	1,520,696	$\vdash$	1,405,487
	10a	Land, buildings, and equipment cost or other basis		9	1,400,407
	ь	Complete Part VI of Schedule D  Less accumulated depreciation		100	111,258,301
	11	Investments—publicly traded securities	69,858,550	11	71,884,750
	12	Investments—other securities See Part IV, line 11	263,112		267,839
	13	Investments—program-related See Part IV, line 11	2,289,615		2,373,804
	14	Intangible assets	2,203,013	<del>   </del>	2,373,004
	15	Other assets See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	218,940,656	$\vdash$	224,392,889
	17	Accounts payable and accrued expenses	14,759,625		13,191,168
	18	Grants payable	0	H	0
	19	Deferred revenue	0		0
	20	Tax-exempt bond liabilities	59,303,046		57,528,759
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	$\vdash$	0,020,700
lities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified		21	
Liabilit		persons Complete Part II of Schedule L	0	22	0
ä	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	2,439,369	25	2,473,111
	26	Total liabilities. Add lines 17 through 25	76,502,040	26	73,193,038
Š		Organizations that follow SFAS 117 (ASC 958), check here ► ✓ and complete lines 27 through 29, and lines 33 and 34.			
ä	27	Unrestricted net assets	109,233,753	27	113,947,318
<u>စ</u>	28	Temporarily restricted net assets	8,424,831	28	8,726,115
Ξ	29	Permanently restricted net assets	24,780,032	29	28,526,418
r Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
ō	30	Capital stock or trust principal, or current funds		30	
Ř	31	Paid-in or capital surplus, or land, building or equipment fund		31	_
Assets or	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net /	33	Total net assets or fund balances	142,438,616	$\vdash$	151,199,851
ž	34	Total liabilities and net assets/fund balances	218,940,656	34	224,392,889
	<u> </u>	. ota, nasmices and net assets/fulla balances	2 10,940,000	J4	224,332,009

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				<del>.</del>
1	Total revenue (must equal Part VIII, column (A), line 12)				
		1		125,9	01,116
2	Total expenses (must equal Part IX, column (A), line 25)	2		117,4	184,660
3	Revenue less expenses Subtract line 2 from line 1	3		8,4	116,456
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			38,616
5	Net unrealized gains (losses) on investments	5			363,409
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			-18,630
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		151,1	.99,851
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ved or	ו		
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both	ate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	t of th	e <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
За	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>!</b>	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b	Yes	

### **Additional Data**

**Software ID:** 14000267

**Software Version:** v1.00

**EIN:** 25-0496976

Name: GANNON UNIVERSITY

### Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code	) (Expenses \$	844,396	including grants of \$	0)(Revenue\$	0)
Other Program Servi	ces Research Research is	conducted	d on a project basis, primarily by m	nembers of the Schools of Science and	
Engineering Projects	s are supported by grants,	principally	from local industries and regional	business development organizations	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (B) (D) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation any hours organization (Wand a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Former Individual trustee or director organizations related Institutional Trustee below emplo)ee organizations dotted line) t compensated ee (1) Robert P Barker 2.0 Χ 0 0 Board Member 2 0 (1) Candace Battles Χ 0 0 0 Board Member (2) Rev Msgr Robert L Brugger 2 0 Х 0 0 ..... (3) Marcia A Dall 2.0 0 0 0 Х Board Member (4) Tina M Donikowski 2 0 Х 0 0 0 Board Member (5) Sr Mary Drexler SSJ 2 0 0 0 0 ...... Board Member (6) Gwendolyn Garbarino 2.0 Χ 0 0 0 ..... ..... Board Member (7) James E Gehrlein 2 0 Х 0 0 0 Board Member (8) Thomas C Guelcher Χ Χ 0 0 0 ...... Vice Chairperson (9) Rev Scott Jabo 2 0 Χ 0 0 0 ..... Board Member (10) Rev Msgr Andrew H Karg 2.0 Х 0 0 0 Board Member (11) Elisa Konieczko 2 0 Χ 0 0 0 ..... Board Member (12) Brian Kurtz 2 0 Χ 0 0 ..... Board Member 2.0 (13) Urban J LaRıccıa 0 0 Х 0 ..... Board Member (14) Thomas J Loftus 2 0 Χ 0 0 0 Board Member (15) Mark Minnaugh 2 0 Χ Х 0 0 0 ..... 2 0 (16) Susan M Nedza Χ 0 0 0 ..... ..... Board Member (17) Dr Richard G Orlando 2.0 Х 0 0 0 Board Member (18) Most Rev Lawrence T Persico JCL 2 0 Χ Χ 0 0 0 Chairperson (19) Thomas F Power Jr 2 0 0 Χ 0 0 ..... (20) Rev Nicholas Rouch STD 2 0 0 0 0 Х ..... Board Member (21) James J Rutkowksı Jr 2 0 0 0 0 Χ Board Member (22) James A Scozzie 2 0 Χ 0 0 ...... Board Member (23) Taylor Shaffer 2 0

Χ

Х

2 0

Board Member

Board Member

(24) Timothy G Shuttleworth

0

0

0

0

0

0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (C) (D) (E) (F) (B)

Name and Title	Average hours per week (list any hours	A verage hours per week (list any hours for related					3	Reportable compensation from the organization (W-	Reportable compensation from related organizations (W-	Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
(26) Rev Msgr Robert J Smith JCL	2 0	×						0	0	0
Board Member										
(1) Christopher B Snyder	2 0	l x						0	0	0
Board Member								-	-	
(2) Antoinette Spevetz	2 0	l x						0	0	0
Board Member		^							Ů	Ů
(3) Rev Msgr Richard J Sullivan	2 0	x						0	0	0
Board Member		^						0	0	0
(4) James F Toohey	2 0	,,								
Board Member		X						0	0	0
(5) Margaret A VanderLaan	2 0							_	_	_
Board Member		X						0	0	0
(6) Sr Mary Ann White SSJ	2 0									
Board Member		X						0	0	0
(7) William M Zeitler	2 0									
Board Member		X						0	0	0
(8) Keith Taylor	37 5									
President		X		Х				348,645	0	71,388
(9) Linda Wagner	37 5									
Vice President Finance and Administration				Х				198,867	0	71,970
(10) Carolynn Masters	37 5									
Provost and VP for Academic Affairs				Х				191,978	0	34,396
(11) Jack Sims	37 5									
Vice President University Advancement				Х				163,194	0	18,463
(12) Bill Edmondson	37 5									
Vice President Enrollment				Х				150,933	0	71,340
(13) Ralph Nichols	37 5		1							
				Х				138,037	0	33,101
VP Student Development and Engagement (14) Mahesh Aggarwal	37 5									
						х		303,656	0	18,736
Mechanical Engineering Faculty (15) Mike Panza	37 5									
						х		212,346	0	28,646
Mechanical Engineering Faculty (16) Fong Mak	37 5		-							
						x		190,131	0	24,799
Electrical and Computer Engineering Faculty (17) Carl Hultman	37 5									
						х		175,799	0	10,792
Chemistry Faculty (18) Robert Wallace	37 5	-	_							
	37.5					x		163,128	0	17,283
Finance Faculty  (10) Linda Floring	27.5		-		-		-			
(19) Linda Fleming	37 5						x	126,010	0	11,380
Frmr Provost/VP Acad Affairs, current Dean of CHESS										

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493127007496

OMB No 1545-0047

### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

		ne organization VERSITY					Employer identific	ation number				
GANN	ON ONI	VERSITI					25-0496976					
Pa	rt I	Reason for Publi	c Charity S	Status (All organiza	itions must co	mplete this p		ons.				
The	organi	zation is not a private f										
1	Г	A church, convention	of churches, o	r association of churc	hes described i	n <b>section 170(</b> l	b)(1)(A)(i).					
2	<b>▽</b>	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )										
3	Γ	A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>										
4	Γ	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state										
5	Γ			nefit of a college or uni	versity owned o	or operated by	a governmental unit d	escribed in				
		section 170(b)(1)(A)	(iv). (Complet	e Part II)								
6	Г			t or governmental unit	described in <b>s</b> e	ection 170(b)(1	L)(A)(v).					
7		An organization that n	ormally receiv	ves a substantial part	of its support fr			general public				
8	_			vi). (Complete Part II tion 170(b)(1)(A)(vi)		+ TT \						
9	<u>'</u>			ves (1) more than 33:			hutiana mambarahin	food and groce				
9	,											
				s exempt functions—s								
				ncome and unrelated b				n businesses				
4.0	_			une 30, 1975 See <b>sec</b>								
10	<u> </u>		•	ated exclusively to tes	•	•						
11	ļ	An organization organ		ated exclusively for the inizations described in								
				at describes the type (								
а	Γ			perated, supervised, o								
				to regularly appoint o		ty of the direct	ors or trustees of the	supporting				
_	_	_	-	rt IV, Sections A and								
b	ı		_	supervised or controlle nization vested in the :		• •	• • • • • • • • • • • • • • • • • • • •	•				
		must complete Part I			saine persons t	nat control of i	nanage the supported	organizacion(s) <b>Tou</b>				
c	Г		•	supporting organizatio	n operated in c	onnection with	, and functionally inte	grated with, its				
	_			ructions) <b>You must co</b>								
d	Г			<b>d.</b> A supporting organi								
				anızatıon generally mu e <b>te Part IV, Sections A</b>			ement and an attentiv	eness requirement				
e	Г			eceived a written deter			s a Type I. Type II. T	vpe III functionally				
	•			ally integrated suppor			7, 7, - 7, 7, -	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
f		Enter the number of s	upported orga	nızatıons								
g		Provide the following i	nformation ab	out the supported orga	inization(s)							
	(i)N:	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	nanization	(v) A mount of	(vi) A mount of				
		organization	(, -1	organization	listed in your		monetary support	other support (see				
	(described on lines document? (see instructions) instruction											
				1 - 9 above or IRC								
				section (see instructions))								
				instructions))	Yes	No						

Sch	edule A (Form 990 or 990-EZ) 2014						Page <b>2</b>
Pa	Support Schedule for (Complete only if you c	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qualify under
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	ipiete Part I	11.)
	endar year (or fiscal year beginning	(-) 2010	(1) 2011	(-) 2012	(4) 2012	(-) 201	(6) T. t. l
	in) 🟲	(a) 2010	<b>(b)</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						
3	behalf The value of services or facilities						
,	furnished by a governmental unit to						
	the organization without charge						
4	<b>Total.</b> 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	<b>Public support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	1	l			1	
	endar year (or fiscal year beginning	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	in) ►	(a) 2010	(0) 2011	(6) 2012	(d) 2013	(e) 2014	(I) Total
7	A mounts 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	<b>Total support</b> Add lines 7 through 10						
12	Gross receipts from related activities	es, etc (see inst	ructions)		•	12	<u> </u>
13	First five years. If the Form 990 is f	or the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	section 501	(c)(3)
	organization, check this box and sto				<del></del>	<u> </u>	<u> </u>
	ection C. Computation of Pub			4.4 1 (5)		<del> </del>	
14	Public support percentage for 2014	· ·		11, column (f))		14	
15	Public support percentage for 2013	•	•			15	
16a	<b>33 1/3% support test—2014.</b> If the				line 14 is 33 1/3%	∕o or more, ch	
h	and stop here. The organization qua 33 1/3% support test—2013. If the				and line 15 is 3	3 1/3% or mo	re check this
	box and <b>stop here.</b> The organization				, and fine 13 is 3.	3 1/3/0 01 1110	re, check this ▶□
17a	10%-facts-and-circumstances test-	<b>-2014.</b> If the org	anızatıon dıd not	check a box on li			,
	is 10% or more, and if the organizat						
	in Part VI how the organization mee	ts the "facts-and	d-circumstances'	test The organi	zation qualifies as	s a publicly s	
h	organization 10%-facts-and-circumstances test-	-2013. If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and b	<b>▶</b> ┌
	15 is 10% or more, and if the organ						
	Explain in Part VI how the organizat						ublicly
	supported organization				471		<b>▶</b> ┌
18	<b>Private foundation.</b> If the organizations	on ala not check	ca box on line 13	, 16a, 16b, 1/a,	or 1 / b, check this	s pox and see	• <b>▶</b> □

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

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

b 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

### 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
---

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)$ ? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section $509(a)(1)$ or $(2)$ .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
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)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.	4b		
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 $(2)^7$ 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? 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).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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? If "Yes," provide detail in <b>Part VI</b> .	6		
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? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
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))? If "Yes," provide detail in <b>Part VI</b> .	9a		
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</i> "Yes," provide detail in <b>Part VI</b> .	9b		
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? If "Yes," provide detail in <b>Part VI</b> .	9c		
L0a	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)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	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? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection 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? If "No," describe in <b>Part VI</b> 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.	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? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection 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)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection 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? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	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? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
S	ection 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 (see  The organization satisfied the Activities Test Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below  The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
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? 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.	2a		
	<b>b</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? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	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? Provide details in Part VI.	3a		
	b Did the organization evergice a substantial degree of direction over the policies, programs and activities of each			l

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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
ype	[]	II 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)	1		
а	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	<b>Discount</b> 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

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 Amounts paid to perform activity that directly furthexcess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
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 requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
<b>a</b> From 2009			
<b>b</b> From 2010			
<b>c</b> From 2011			
d From 2012			
<b>e</b> 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 pplied to underdistributions of prior years			
<b>b</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 31 and 4c			
8 Breakdown of line 7			
<b>a</b> From 2010			
<b>b</b> From 2011			
<b>c</b> From 2012			
d From 2013			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

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### DLN: 93493127007496

OMB No 1545-0047

### **SCHEDULE D**

(Form 990)

Department of the Treasury

**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 <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

Open to Public

lame of the organization ANNON UNIVERSITY	<u> </u>	Employer identific	cation number	
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.				
organization answered Tes	(a) Donor advised funds	(b) Funds and	l other accounts	
Total number at end of year				
Aggregate value of contributions to (di	uring year)			
Aggregate value of grants from (during				
Aggregate value at end of year				
Did the organization inform all donors	and donor advisors in writing that the assets held subject to the organization's exclusive legal conti		┌ Yes ┌ No	
-	s, donors, and donor advisors in writing that grant not for the benefit of the donor or donor advisor, o fit?		┌ Yes	
rt II Conservation Easement	s. Complete if the organization answered "\	Yes" to Form 990, Part I	IV, line 7.	
Purpose(s) of conservation easements	s held by the organization (check all that apply)			
Preservation of land for public use	(e g , recreation or education)	n of an historically importa	nt land area	
Protection of natural habitat	☐ Preservation	n of a certified historic stru	cture	
Preservation of open space				
Complete lines 2a through 2d if the or easement on the last day of the tax ye	ganization held a qualified conservation contributi ar	ion in the form of a conserv	ation	
		Held at th	e End of the Year	
Total number of conservation easeme	nts	2a		
Total acreage restricted by conservat	ion easements	2b		
Number of conservation easements or	a certified historic structure included in (a)	2c		
Number of conservation easements in historic structure listed in the Nationa	cluded in (c) acquired after 8/17/06, and not on a I Register	2d		
Number of conservation easements m the tax year 🛌	odified, transferred, released, extinguished, or ter	minated by the organization	n during	
Number of states where property subje	ect to conservation easement is located 🛌			
	olicy regarding the periodic monitoring, inspection	n, handling of violations, an	rid <b>□ Yes □ No</b>	
Staff and volunteer hours devoted to n	nonitoring, inspecting, and enforcing conservation	easements during the year	r	
Amount of expenses incurred in monit	oring, inspecting, and enforcing conservation ease	ements during the year		
	ported on line 2(d) above satisfy the requirements	of section 170(h)(4)(B)(ı)	┌ Yes ┌ No	
	ation reports conservation easements in its reven le, the text of the footnote to the organization's fin ervation easements			
rt IIII Organizations Maintaini	ng Collections of Art, Historical Treasun n answered "Yes" to Form 990, Part IV, line		Assets.	
If the organization elected, as permitt works of art, historical treasures, or o	ed under SFAS 116 (ASC 958), not to report in its ther similar assets held for public exhibition, educ of the footnote to its financial statements that de	s revenue statement and ba ation, or research in furthe		
	ed under SFAS 116 (ASC 958), to report in its reviber similar assets held for public exhibition, educ relating to these items			
(i) Revenue included in Form 990, Pa	t VIII, line 1	<b>►</b> \$		
(ii) Assets included in Form 990, Part	x		_	
If the organization received or held wo	^ rks of art, historical treasures, or other similar as ted under SFAS 116 (ASC 958) relating to these	sets for financial gain, prov		
Revenue included in Form 990, Part V	III, line 1	<b>►</b> \$	0	
Assets included in Form 990 Part V		<b>.</b>	0	

Par	Organizations Maintaining Co	<u>llections of Art, H</u>	istori	cal Tre	easui	<u>res, or Ot</u>	<u>her Similar <i>F</i></u>	Assets (conti	inued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other records,	check	any of th	he follo	wing that ar	e a significant u	se of its	
а	Public exhibition	d		Loan o	rexch	ange progra	ms		
b	Scholarly research	e	:	Other					
c	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain h	ow the	y further	r the o	rganızatıon's	s exempt purpos	e ın	
5	During the year, did the organization solicit o								_
Do	assets to be sold to raise funds rather than t	•							No
Pal	<b>t IV Escrow and Custodial Arrang</b> Part IV, line 9, or reported an an					answered	res to form	1 990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					r other asse	ts not	┌ Yes ┌	- No
b	If "Yes," explain the arrangement in Part XII	I and complete the foll	owing	table					
							,	Amount	
C	Beginning balance					1	lc		
d	Additions during the year					1	.d		
е	Distributions during the year					1	.e		
f	Ending balance					1	lf		
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2:	1,fore	scrow or	rcusto	dıal accoun	t liability?	☐ Yes ☐	No
b	If "Yes," explain the arrangement in Part XII	I Check here if the ex	planatı	on has b	oeen pr	rovided in Pa	art XIII	Г	-
Pa	rt V Endowment Funds. Complete			ed "Yes	s" to F	orm 990, I	Part IV, line 10		
			<b>b)</b> Prior y		<b>b (c)</b> Tw		(d)Three years back		
1a	Beginning of year balance	56,142,327	•	281,126		41,277,818	40,418,04		629,349
b	Contributions	1,841,198	1,	960,016		1,766,648	2,038,87	1,4	492,985
С	Net investment earnings, gains, and losses	1,998,468	8,	959,046		5,504,418	-36,35	59 7,7	765,282
d	Grants or scholarships	1,759,200	1,	960,014		1,195,668	1,038,87	'5 1,3	332,382
e	Other expenditures for facilities and programs	0		0		0		0	0
f	Administrative expenses	71,963		97,847		72,090	103,86	6 1	137,191
g	End of year balance	58,150,830	56,	142,327		47,281,126	41,277,81	.8 40,4	418,043
2	Provide the estimated percentage of the cur	rent year end balance (	lıne 1g	, column	n (a)) h	eld as			
а	Board designated or quasi-endowment ►	39 7 %							
b	Permanent endowment ► 488 %								
c	Temporarily restricted endowment ► 11 The percentages in lines 2a, 2b, and 2c sho	5 % uld equal 100%							
За	Are there endowment funds not in the posses	ssion of the organizatio	n that	are held	and a	dmınıstered	for the		
	organization by						_		No
	(i) unrelated organizations								N o N o
b	(ii) related organizations If "Yes" to 3a(ii), are the related organization						· · · · · · · · · · · · · · · · · · ·	3b   N	10
4	Describe in Part XIII the intended uses of the	•						<u> </u>	
Par	t VI Land, Buildings, and Equipme				answ	ered 'Yes'	to Form 990,	Part IV, line	
	11a. See Form 990, Part X, line	10.	1.,				1		
	Description of property			Cost or o		( <b>b)</b> Cost or oth basis (other)			value
1a	Land				0	11,606,2	266	11,6	06,266
b	Buildings				0	135,821,4	54,829,2	200 80,9	92,227
c	Leasehold improvements				0		0	0	0
d	Equipment				0	52,535,7	45,609,0	059 6,9	26,685
	Other				0	12,785,1			33,123
Tota	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part X, co	olumn (	B), line 1	10(c).)				258,301
							Schedule	e D (Form 990)	2014

Part VII Investments—Other Securities. Co	mplete if the organization	n answered 'Yes' to Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.  (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests Other		
		_
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>F</b>	
Part VIII Investments—Program Related. C		 on answered 'Yes' to Form 990 Part IV line 11c
See Form 990, Part X, line 13.	omplete if the organization	on answered res to form 550, rare ry, line rre
(a) Description of investment	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
		+
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>F</b>	
		0, Part IV, line 11d See Form 990, Part X, line 15
(a) Desc	ription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line	15.)	
Part X Other Liabilities. Complete if the org		
Form 990, Part X, line 25.		·
1 (a) Description of liability	(b) Book value	
Federal income taxes	0	
Federal Loan Program	2,473,111	
		1
		-
		1
		-
		1
		]
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	2 472 111	1
The highest formula contains the management of the property of	2,473,111	

Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per the organization answered 'Yes' to Form 990, Part IV, line 12a.	er R	eturn Complete if
1	Total revenue, gains, and other support per audited financial statements	1	90,570,355
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a 363,409		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	-35,312,507
3	Subtract line <b>2e</b> from line <b>1</b>	3	125,882,862
4	Amounts included on Form 990, Part VIII, line 12, but not on line $oldsymbol{1}$		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 71,963		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	18,254
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12 )	5	125,901,116
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses if the organization answered 'Yes' to Form 990, Part IV, line 12a.	per	Return. Complete
1	Total expenses and losses per audited financial statements	1	81,790,490
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	92,897
3	Subtract line <b>2e</b> from line <b>1</b>	3	81,697,593
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 71,963		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	35,787,067
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18 )	5	117,484,660
Part	Supplemental Information		
Part	ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b 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 rmation		de any additional

Return Reference	Explanation
Schedule D, Part III, Line 1	The University follows a policy of not recording or capitalizing its collections of works of art, historical treasurers, and similar assets
Schedule D, Part III, Line 4	Nash Library maintains the Gannon University Archives which seeks to collect and preserve selected documents and artifacts related to the history of the University, particularly, the achievements of the University's faculty, students, and staff as well as its relationship to the Catholic Diocese of Erie and the greater Erie community
Schedule D, Part V, Line 4	The University endowment funds are invested over the longer time horizons to earn a return that supports programs of the University as directed by donors
Schedule D, Part X, Line 2	The University accounts for uncertainties in income taxes in accordance with authoritative guidance, which prescribes a recognition threshold of more-likely-than-not to be sustained upon examination by the appropriate taxing authority. Measurement of the tax uncertainty occurs if the recognition threshold has been met. Management determined there were no tax uncertainties that met the recognition threshold at June 30, 2015 and 2014. The University's federal Exempt Organization Business Income Tax Returns for years subsequent to June 30, 2010 remain subject to examination by the IRS.
Schedule D, Part XI, Line 2d	Financial Aid
Schedule D, Part XI, Line 4b	Rental Expenses
Schedule D, Part XII, Line 2d	Rental Expenses

Part XIII Supplemental:	Information (continued)	
Return Reference	Explanation	
Schedule D, Part XII, Line 4b	Financial Aid	
_		

Schedule D (Form 990) 2014

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DLN: 93493127007496

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

**SCHEDULE E** 

(Form 990 or 990-EZ)

## **Schools**

▶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.

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

Open to Public Inspection

ANN	ON UNIVERSITY			
Pa	rt I 25-0496976		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, byla other governing instrument, or in a resolution of its governing body?	aws, <b>1</b>	Yes	
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?	2	Yes	
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	3	Yes	
4	Does the organization maintain the following?			
	Records indicating the racial composition of the student body, faculty, and administrative staff?		Yes	-
Ē	<ul> <li>Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminat basis?</li> </ul>	4b	Yes	
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	O ther extracurricular activities?  If you answered "Yes" to any of the above, please explain If you need more space, use Part II	5h		No
	Does the organization receive any financial aid or assistance from a governmental agency?  Has the organization's right to such aid ever been revoked or suspended?	6a 6b	Yes Yes	
	If you answered "Yes" to either line 6a or line 6b, explain on Part II  Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 0  of Rev. Proc. 75-50.1975-2 C.B. 587.covering racial nondiscrimination? If "No." explain on Part II		Vas	

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)

Return Reference	Explanation
Schedule E, Part I, Line 3	Publication in Erie Times New's each fall
Schedule E, Part I, Line 6	The University was awarded a federal capital contribution from the US Department of Health and Human Services for the Nursing Student Loan Program There are two programs, the Baccalaureate Nursing and Associate Nursing The University's Associate Nursing Student Loan Program has been terminated due to noncompliance with the default rate regulations as of June 30, 1993 During fiscal year 2012 the University reimbursed the governmental share of all outstanding loans under this program

Schedule E (Form 990 or 990-EZ) (2014)

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DLN: 93493127007496

OMB No 1545-0047

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

Name of the organization

GANNON UNIVERSITY

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

**Employer identification number** 

25-0496976

Part	<b>Fundraising Activities.</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.
1	Indicate whether the organization raised funds through any of the following activities Check all that apply

Mail solicitations e 🔽 Solicitation of non-government grants ✓ Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events

▼ In-person solicitations

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity (iii) Did fundraiser h custody ( control c control c		ser have ody or rol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
1 Ruffalo Noel Levitz LLC PO Box 3018	Fundraising		No	313,603	156,456	157,147
Cedar Rapids, IA 52406						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total			<b>&gt;</b>	313,603	156,456	157,147

List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Pai	rt II	Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g	aising event contribu	tion answered "Yes" to tions and gross income	Form 990, Part IV, li e on Form 990-EZ, lir	ne 18, or reported nes 1 and 6b. List
		<u> </u>	(a) Event #1	<b>(b)</b> Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))
_			(event type)	(event type)	(total number)	(3),
Revenue	1	Gross receipts				
9 <u>7</u>	2	Less Contributions				
<u>~</u>	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
မာ	5	Noncash prizes				
Expenses	6	Rent/facility costs				
ă ă	7	Food and beverages .				
Direct	8	Entertainment				
Ā	9	Other direct expenses .				
	10	Direct expense summary Add line	es 4 through 9 in colum	ın (d)		( )
	11	Net income summary Subtract lir				
Par	t II			l "Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more than
		\$15,000 on Form 990-EZ, lir	ne 6a. (a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) billyu	bingo/progressive bingo	(c) Other gaming	col (a) through col
<u>~</u>	1	Gross revenue				
Ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	Г Yes% Г Nо	Г Yes%	│ Yes	
	7	Direct expense summary Add lines	s 2 through 5 ın column	(d)	•	
	8	Net gaming income summary Subt	ract line 7 from line 1, c	column (d)		
9	Ent	ter the state(s) in which the organiza	ition conducts gaming a	ictivities		
а		the organization licensed to conduct				「Yes 「No
<b>b</b> If "No," explain						
10a b		re any of the organization's gaming l	icenses revoked, suspe	ended or terminated during		

Sche	edule G (Form 990 or 990-EZ) 2014				Page <b>3</b>			
11	Does the organization conduct gaming	activities with nonn	members?	┌ Yes 「	No No			
12								
	formed to administer charitable gaming	۱۶		Г <sub>Yes</sub> Г	— No			
13	Indicate the percentage of gaming acti		1 1	,				
а	The organization's facility		13a		%			
b	An outside facility				%			
14	Enter the name and address of the pers	on who prepares th	ne organization's gaming/special events books and records					
	Name <b>▶</b>							
	Address ►							
15a	Does the organization have a contract	with a third party fro	om whom the organization receives gaming					
				┌ Yes 「	— <sub>No</sub>			
b	If "Yes," enter the amount of gaming re amount of gaming revenue retained by	· ·	the organization <b>&gt;</b> \$ and the					
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	<del>_</del> Employee	☐ Independent contractor					
17	Mandatory distributions							
а	s the organization required under state law to make charitable distributions from the gaming proceeds to							
	retain the state gaming license?							
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent							
	ın the organızatıon's own exempt actıvı		·					
Pa			explanations required by Part I, line 2b, columns (iii) 17b, as applicable. Also provide any additional inforr					
	Return Reference		Explanation					

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493127007496 Schedule I OMB No 1545-0047 Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990. Open to Public Department of the Treasury **Inspection** Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number **GANNON UNIVERSITY** 25-0496976 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 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. (c) IRC section (a) Name and address of **(b)** EIN (d) Amount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable valuation non-cash assistance grant cash orassistance or government assistance (book, FMV, appraisal, other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.

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>(b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Student grants and scholarships	2895	35,715,104	0	FMV	

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.				
Return Reference	Explanation			
	Gannon awards scholarships to freshmen and transfer students who meet eligibility standards for merit based aid such as academic and leadership awards. In addition, need based aid is considered for students who demonstrate financial need by filing the required applications and adhering to deadlines. A ward packages are renewed each year to students that remain in academically good standing and continue to meet the required eligibility standards for both types of merit and need based aid. Students need not apply for specific scholarships since they will automatically receive consideration for all funds for which they may be eligible when they submit the FAFSA.			

DLN: 93493127007496

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule J (Form 990)

# **Compensation Information**

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

► Complete if the organization answered "Yes" to 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.

Open to Public Inspection

Name of the organization GANNON UNIVERSITY

**Employer identification number** 

25-0496976

Pa	rt I Questions Regarding Compensation		1			
					Yes	No
1a	Check the appropriate box(es) if the organization provi 990, Part VII, Section A, line 1a Complete Part III t					
	First-class or charter travel	굣	Housing allowance or residence for personal use			
	▼ Travel for companions	$\sqcap$	Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments	굣	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organism reimbursement or provision of all of the expenses des			1b	Yes	
2	Did the organization require substantiation prior to redurectors, trustees, officers, including the CEO/Execu				V	
	directors, trustees, officers, metading the eloyexeed	CIVC D	meetor, regarding the items effected in fine 14.	2	Yes	
3	Indicate which, if any, of the following the filing organizorganization's CEO/Executive Director Check all that used by a related organization to establish compensation.	t appl	y Do not check any boxes for methods			
	▼ Compensation committee	Г	Written employment contract			
	✓ Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Pa or a related organization	art VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control pa	aymer	ıt?	4a	Yes	
b	Participate in, or receive payment from, a supplement	al non	qualified retirement plan?	4b		No
С	Participate in, or receive payment from, an equity-bas	ed co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and prov	ıde th	e applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organization	ons m	ust complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, li compensation contingent on the revenues of					
а	The organization?			5a		No
ь	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A, li compensation contingent on the net earnings of	ine 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, li payments not described in lines 5 and 6? If "Yes," de			7		No
8	Were any amounts reported in Form 990, Part VII, pa	ıd or a	occured pursuant to a contract that was			
subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe						
	ın Part III			8		No
9	If "Yes" to line 8, did the organization also follow the is section 53 $4958-6(c)$ ?	ebutt	able presumption procedure described in Regulations	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)(1)-(111) 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>(B)</b> Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of	<b>(F)</b> Compensation in
	(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	column(B) reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2014

### Part IIII 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

Return Reference	Explanation
, ,	Schedule J, Part I, Line 1a - Travel for companions-The President's spouse attends the annual meeting of the Council of Independent Colleges (CIC) because there is a spousal component of the meeting. Tax indemnification and gross-up payments-This is done on a rare occasion and for very small amounts, usually to correct an error. Housing allowance or residence for personal use-The President receives a housing allowance as part of his compensation package and it is included in his taxable compensation. Health or social club dues or initiation fees-The University pays dues for social club memberships for the President and Vice President of University.
Schedule J, Part I, Line 4	Carl Hultman (\$114,039) and Robert Wallace (\$107,468)

Schedule J (Form 990) 2014

### **Additional Data**

**Software ID:** 14000267

**Software Version:** v1.00

**EIN:** 25-0496976

Name: GANNON UNIVERSITY

#### Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and

(A) Name and Title	(	(i) Base Compensation	(ii) Bonus & ıncentıve	ncentive reportable		(C) Retirement and other deferred benefits compensation		(F) Compensation in column (B) reported as deferred in prior Form 990
Keith Taylor, President	(I) (II)	312,670 0	0 0	35,975 0	18,552 0	50,930 0	418,127 0	0
Linda Wagner, Vice President Finance and Administration	(I) (II)	196,682	0	2,185 0	20,445 0	47,850 0	267,162 0	0
Carolynn Masters, Provost and VP for Academic Affairs	(I) (II)	190,185 0	0	1,793 0	13,543 0	20,230 0	225,751 0	0
Jack Sims, Vice President University Advancement	(I) (II)	140,436 0	0 0	22,758 0	11,186 0	8,404 0	182,784 0	0
Bill Edmondson, Vice President Enrollment	(I) (II)	150,446 0	0 0	487 0	10,841 0	57,996 0	219,770 0	0
Ralph Nichols, VP Student Development and Engagement	(I) (II)	137,350 0	0	687 0	10,079 0	18,329 0	166,445 0	0
Mahesh Aggarwal, Mechanical Engineering Faculty	(I) (II)	300,917 0	0	2,739 0	11,459 0	6,514 0	321,629 0	0
Mike Panza, Mechanical Engineering Faculty	(I) (II)	209,163 0	0 0	3,183 0	11,296 0	14,209 0	237,851 0	0
Fong Mak, Electrical and Computer Engineering Faculty	(I) (II)	189,664 0	0	467 0	10,429 0	11,705 0	212,265 0	0 0
Carl Hultman, Chemistry Faculty	(I) (II)	58,685 0	0 0	117,114 0	5,965 0	4,121 0	185,885 0	0
Robert Wallace, Finance Faculty	(I) (II)	53,395 0	0	109,733 0	5,621 0	9,273 0	178,022 0	0 0
Linda Fleming, Frmr Provost/VP Acad Affairs, current Dean of CHESS	(1)	125,420	0	590 0	8,879 0	1,590 0	136,479 0	0

DLN: 93493127007496

Open to Public

OMB No 1545-0047

Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

**Supplemental Information on Tax Exempt Bonds** ▶ Complete if the organization answered "Yes" to 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.

**Inspection** Employer identification number

Name of the organization GANNON UNIVERSITY

25-0496976

									25	-04969	76				
P	art I Bond Issues									•					
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(f	Descriptio	n of purpose	( <b>g)</b> De	(g) Defeased		(h) On behalf of ıssuer		Pool ncing
			1							Yes	No	Yes	No	Yes	No
A	City of Erie Higher Education Building Authority	25-1536711	295437AK7	06-26-2007	22,09	99,296	See Part VI				Х		Х		Х
В	City of Erie Higher Education Building Authority	25-1536711	295437GD2	07-28-2010	8,50	00,000	See F	Part VI			Х		Х		Х
c	City of Erie Higher Education Building Authority	25-1536711	295437GD2	08-04-2010	11,5	17,819	See F	Part VI			Х		Х		Х
D	City of Erie Higher Education Building Authority	25-1536711		05-01-2012	3,2:	18,000	See F	See Part VI			Х		Х		Х
Pa	rt III Proceeds	<u>,                                      </u>	-							· ·			•		
						4		В	3	С			D		
1	A mount of bonds retired					5,500,0	000		1,465,517		82	5,000	785,000		
2	Amount of bonds legally defea	ased					0		0			0			0
3	Total proceeds of issue				,	22,099,2	296		8,500,000		11,51	7,819		3,	218,000
4	Gross proceeds in reserve fur	nds				1,896,	125		412,464		79	3,188			0
5	Capitalized interest from proc	eeds					0		0		529	9,735			0
6	Proceeds in refunding escrows	'S					0 0		0	0		0			0
7	Issuance costs from proceeds	S				237,928 0		324,444		4,444			33,189		
8	Credit enhancement from prod	ceeds				464,098 0		0	0			0			
9	Working capital expenditures	from proceeds					0		0	0			0		
10	Capital expenditures from pro	ceeds				19,501,	145		8,087,536		9,87	0,452			0
11	Other spent proceeds						0		0			0		3,	184,811
12	Other unspent proceeds						0		0			0			0
13	Year of substantial completion	n			20	09		20	11	2	011			2012	
					Yes	No		Yes	No	Yes	N	lo	Yes	;	No
14	Were the bonds issued as par	t of a current refund	ing issue?			Х			Х		<b>\</b>	<	Х		
15	Were the bonds issued as par	t of an advance refu	nding issue?			Х			х		<b>\</b>	<del>,</del>			Х
16	16 Has the final allocation of proceeds been made?			Х			Х		Х			Х			
Does the organization maintain adequate books and records to support the final allocation of proceeds?			Х			Х		Х			Х				
Pa	rt IIII Private Business U	Jse													
						Α		E	3		Ç			D	

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

No

Χ

Yes

Yes

No

Χ

Χ

No

Χ

Χ

Yes

No

Yes

Part III Private Business Use (Continued)

THE STATE OF	Filvate Busiliess Ose (Collulaea)								
. –		Α		<u> </u>	В	ç		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?	Х			×		×		
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?	х	x						
С	Are there any research agreements that may result in private business use of bond-financed property?		Х	×			Х		
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	4 5 %		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 %			
6	Total of lines 4 and 5		45%	0 %		0 %			
7	Does the bond issue meet the private security or payment test?		Х		Х	1	X		
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?		х		х		х		
ь	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
С	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?	х		Х		×			
	LTV Aubituaca								

Part IV Arbitrage

		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?	Х			Х		Х		x
2	If "No" to line 1, did the following apply?								
а	Rebate not due yet?				Х		Х		Х
b	Exception to rebate?			Х		X		Х	
С	No rebate due?				Х		Х		Х
	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?		Х	Х			Х	Х	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		Х		X
ь	Name of provider								
С	Term of hedge								
d	Was the hedge superintegrated?								
е	Was the hedge terminated?								
	Schedule K (Form 990) 2014								

В

С

		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	Х			Х		x		X
ь	Name of provider	Trinity Plus Fu	unding						
С	Term of GIC		198						
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	Х							
6	Were any gross proceeds invested beyond an available temporary period?		X X			x		x	
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		x	

### Part V Procedures To Undertake Corrective Action

	Α		В		С		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	Х		Х		х		х	

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

Return Reference	Explanation
06/26/2007 22,099,296 City of Erie	Schedule K, Part I, Column f-06/26/2007 22,099,296 City of Erie Higher Education Building Authority - The project will consist of (i) renovations to Zurn Science Center, (ii) renovations to Beyer Hall, (iii) site and infrastructure improvements and other miscellaneous capital improvements to existing facilities of the University and acquisition of capital equipment for use in or in connection with the University's facilities, (iv) funding capitalized interest on the bonds, (v) funding a debt service reserve fund for the Bonds, and (vi) payment of certain costs of issuing the bonds

Return Reference	Explanation
Schedule K, Part I, Column f- 07/28/2010 8,500,000 City of Erie Higher Education Building Authority	Schedule K, Part I, Column f-07/28/2010 8,500,000 City of Erie Higher Education Building Authority - The project will consist of (a) the construction of (i) an approximately 293-bed student housing facility on the campus and (ii) site and infrastructure improvements and other miscellaneous capital improvements to existing facilities and acquisition of capital equipment for use in or in connection with the facilities, (b) capitalized interest on the Series 2010 Bonds to July 1, 2011, (c) a debt service reserve fund for the Series 2010 Bonds, and (d) cost relating to the issuance of the Series 2010 Bonds

Return Reference	Explanation
08/04/2010 11,517,819 City of Erie Higher Education Building	Schedule K, Part I, Column f-08/04/2010 11,517,819 City of Erie Higher Education Building Authority - The project will consist of (a) the construction of (i) an approximately 293-bed student housing facility on the campus and (ii) site and infrastructure improvements and other miscellaneous capital improvements to existing facilities and acquisition of capital equipment for use in or in connection with the facilities, (b) capitalized interest on the Series 2010 Bonds to July 1, 2011, (c) a debt service reserve fund for the Series 2010 Bonds, and (d) cost relating to the issuance of the Series 2010 Bonds

Return Reference	Explanation
Erie Higher Education Building	Schedule K, Part I, Column f-05/01/2012 3,218,000 City of Erie Higher Education Building Authority - The project will consist of (a) the current refunding of the balance of the University Revenue Refunding Bonds Series E of 1998 (Gannon University Project), and (b) payment of certain costs of issuing the Note

DLN: 93493127007496

OMB No 1545-0047

Open to Public

Schedule K (Form 990)

# **Supplemental Information on Tax Exempt Bonds**

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

Department of the Treasury Internal Revenue Service Name of the organization

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

**Inspection** Employer identification number

	NON UNIVERSITY										pioyei it	Jentinca	ition nun	IIDEI	
GAN	NON UNIVERSITY									25	-04969	76			
Pa	art I Bond Issues														
	(a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued				(e) Issue	(e) Issue price (f) Description (		escription of purpose		feased	1 7 7			Pool ncing	
										Yes	No	Yes	No	Yes	No
A	City of Erie Higher Education Building Authority	25-1536711	295435BA8	04-25-2013	15,75	8,896	See F	Part VI			Х		Х		Х
В	City of Erie Higher Education Building Authority	25-1536711		06-17-2013	5,50	00,000	See F	ee Part VI			Х		Х		Х
Pa	Proceeds											'	<u> </u>		
_						<b>\</b>		В			С		D		
1	A mount of bonds retired					390,0	000		0						
2	A mount of bonds legally defea	ased					0		0						
3 Total proceeds of issue						15,758,8	5,500,000								
4 Gross proceeds in reserve funds					1,050,000 0										
5 Capitalized interest from proceeds				0 0		0									
6 Proceeds in refunding escrows						0		0							
7	Issuance costs from proceeds	S				208,896 0									
8	Credit enhancement from proc	ceeds				0 0		0							
9	Working capital expenditures	from proceeds			0 0										
10	Capital expenditures from pro	ceeds			13,410,271 0										
11	O ther spent proceeds					0 5,500,000		5,500,000							
12	O ther unspent proceeds					1,089,7	729		0						
13	Year of substantial completion	n			20	14		20	13						
					Yes	No		Yes	No	Yes	r	No	Yes	$\bot$	No
14	Were the bonds issued as part	t of a current refund	ing issue?			X		Х							
15	Were the bonds issued as part	t of an advance refu	nding issue?			Х			Х						
16	Has the final allocation of prod	ceeds been made?				Х		Х							
Does the organization maintain adequate books and records to support the final allocation of proceeds?			ort the final	Х			Х								
Pai	rt IIII Private Business U	Jse							•		•	'			
						١		В	3		С			D	
_	\\\\			1 C	Yes	No		Yes	No	Yes	<u> </u>	No.	Yes	$-\!\!\!\!\!+$	No
1	Was the organization a partne		ra member of an Ll	LC, which owned		Х			X						

Are there any lease arrangements that may result in private business use of bond-

property financed by tax-exempt bonds?

financed property?

Χ

Χ

Par	Private Business Use (Continued)									
				A		В		c		D
			Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private b of bond-financed property?	ousiness use		х	Х					
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?				Х					
С	Are there any research agreements that may result in private business use financed property?	of bond-		х		Х				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or outside counsel to review any research agreements relating to the financed									
4	Enter the percentage of financed property used in a private business use by other than a section 501(c)(3) organization or a state or local government	entities ►		0 %		45%				1
5	Enter the percentage of financed property used in a private business use as unrelated trade or business activity carried on by your organization, anothe 501(c)(3) organization, or a state or local government			0 %		0 %				
6	Total of lines 4 and 5			0 %		45%				
7	Does the bond issue meet the private security or payment test?			Х		Х				
8a	Has there been a sale or disposition of any of the bond-financed property to nongovernmental person other than a 501(c)(3) organization since the bond issued?			х		х				
<u></u>	If "Yes" to line 8a, enter the percentage of bond-financed property sold or d	disposed of		•		•				•
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations s 1 141-12 and 1 145-2?	sections								
9	Has the organization established written procedures to ensure that all nonq bonds of the issue are remediated in accordance with the requirements undo Regulations sections 1 141-12 and 1 145-2?		Х		Х					
Par	t IV Arbitrage									
		Α			В		С		D	
		Yes	No	Yes	No	Ye	es	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		Х					
2	If "No" to line 1, did the following apply?									
а	Rebate not due yet?		Х	Х						
b	Exception to rebate?	Х			Х					
c	No rebate due?		Х		Х					
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed		•		•	•	•	<u>'</u>		
3	Is the bond issue a variable rate issue?		Х	Х						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х		х					
b	Name of provider									
С	Term of hedge									
d	Was the hedge superintegrated?									
e	Was the hedge terminated?									

		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		×		×				
b	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		x		x				
7	Has the organization established written procedures to monitor the requirements of section 148?	X		x					

### Part V Procedures To Undertake Corrective Action

	Α		В		С		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	Х		X					

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

Return Reference	Explanation
Schedule K, Part I, Column f- 04/25/2013 15,758,896 City of Erie Higher Education Building Authority	Schedule K, Part I, Column f-04/25/2013 15,758,896 City of Erie Higher Education Building Authority - The project consists of (i) the acquisition, design, construction, renovation, equipping and furnishing of new facilities and existing facilities of the Borrower located on the existing campus of the Borrower or property currently owned or to be purchased by the Borrower, including, but not limited to, renovation of the recreation center and construction of a field house and indoor turf field, together with certain site and infrastructure improvements and other miscellaneous capital improvements to existing facilities of the Borrower and acquisition of capital equipment for use in or in connection with the Borrower's facilities (the "2013 Capital Additions"), (ii) funding a 2013 Debt Service Reserve Fund for the Series 2013 Bonds.

Explanation
Schedule K, Part I, Column f-06/17/2013 5,500,000 City of Erie Higher Education Building Authority - Partial refunding of the 2007 issue. The partially refunded project consists of (i) renovations to Zurn Science Center, (ii) renovations to Beyer Hall, (iii) site and infrastructure improvements and other miscellaneous capital improvements to existing facilities of the University and acquisition of capital equipment for use in or in connection with the University's facilities, (iv) funding capitalized interest on the bonds, (v) funding a debt service reserve fund for the Bonds, and (vi) payment of certain costs of issuing the Bonds.

DLN: 93493127007496

OMB No 1545-0047

#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Transactions with Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 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.

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Name of the or								Employ	er ident	ificatio	n numbe	er				
Graniton only							1	25-04	96976							
	ess Benefit T plete if the organ										40b					
	ne of disqualified			nıp between		(c) Desc		<b>(d)</b> Cor	rected?							
			person	and organiz	ation						Yes	No				
4958. 3 Enter the  Part II  Loans to a  Complete if the	amount of tax ind amount of tax, if nd/or From I le organization ar mount on Form 99	any, on line 2, Interested Inswered "Yes"	above, rei Persons on Form 9	mbursed by	the organizati	on	 	· ·	► \$ ► \$		anızatıoı					
(a) Name of interested person	(b) Relationshi with organization	' ' '	(d) Loar or from organizat	the	(e)Original principal amount	<b>(f)</b> Balance due	(g) In default?		/		1		(h) Appro by boai commit	ved rd or	(i)Wri agreen	
			То	From			Yes	No	Yes	No	Yes	No				
T otal		<b>▶</b> \$														
Part IIII Gr	ants or Assis mplete if the o	tance Bene				art IV. line 2	77.									

(1) Mary Jean Taylor

(e) Sharing of

revenues? Yes

organızatıon's

No

Νo

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	(c) A mount of	(d) Description of transaction							
	between interested	transaction								
	person and the									

organization

President's spouse

Part V	t V Supplemental Information							
	Provide additional information for responses to questions on Schedule L (see instructions)							
R	eturn Reference	Explanation						

Schedule L (Form 990 or 990-EZ) 2014

34,606 Salary as Wellness Director

DLN: 93493127007496

OMB No 1545-0047

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### SCHEDULE M (Form 990)

**Noncash Contributions** 

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Department of the Treasury Internal Revenue Service

▶Information about Schedule M (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

Name of the organization GANNON UNIVERSITY

**Employer identification number** 

25-0496976

art I Types of Property				
., pos or rioporty	(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				
<b>6</b> Cars and other vehicles				
<b>7</b> Boats and planes				
8 Intellectual property				
<b>9</b> Securities—Publicly traded .	X	27	691,371	FMV (published market price)
<b>10</b> Securities—Closely held stock .				
L1 Securities—Partnership, LLC,				
or trust interests				
<b>12</b> Securities—Miscellaneous				
L3 Qualified conservation contribution—Historic structures				
<b>14</b> Qualified conservation				
contribution—Other				
L5 Real estate—Residential .				
L6 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
<b>19</b> Food inventory				
20 Drugs and medical supplies .				
<b>21</b> Taxıdermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other►(	X	1	3,000	FMV (purchased cost)
(-ray machine ) <b>26</b> Other► (	x	1	7 1 7 5	FMV (purchased cost)
invironmental Science Equipment )	^	1	7,175	(purchased cost)
<b>27</b> Other►(	X	1	3,000	FMV (appraisal)
teinway Piano )			,	
28 Other▶( Grand Piano)	X	1	5,000	FMV (appraisal)
Other► ( larpsıchord )	×	1	25,000	FMV (appraisal)
O ther ► ( Catering )	X	2	2,252	FMV (purchased cost)
29 Number of Forms 8283 received by for which the organization completed	_		1 2	9
ior which the organization completed		Tare IV, Donee Acknowled	agement i i i	Yes No
<b>30a</b> During the year, did the organization	n receive by	contribution any property r	reported in Part I, lines 1	
it must hold for at least three years				- · ·
for exempt purposes for the entire h			,	<b>30a</b>   No
<b>b</b> If "Yes," describe the arrangement		·	· · · ·	300   110
31 Does the organization have a gift ac		licy that requires the revie	w of any non-standard co	ntributions? <b>31</b> Yes
			•	
32a Does the organization hire or use th contributions?	mu parties oi	related organizations to s		ncash • • • 32a Yes
<b>b</b> If "Yes," describe in Part II				J2a   Te5
33 If the organization did not report an	amount in co	olumn (c) for a type of prop	erty for which column (a)	ıs checked.
22 1. the organization are not report an	a.mount in Co	(c) ioi a cype or prop	c.c, for milen column (a)	

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

namber of restrict a combination of bean rice combined and pare for any additional information				
Return Reference	Explanation			
Schedule M, Part I	The figures reported in column (b) represent the number of items contributed			
Schedule M, Part I, Line 32b	Stock brokers hired to sell stock gifts			

Schedule M (Form 990) (2014)

efile GRAPHIC print - DO NOT PROCESS

**SCHEDULE 0** 

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493127007496

OMB No 1545-0047

2014

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# 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.

Name of the organization
GANNON UNIVERSITY

Employer identification number
25-0496976

**Explanation** 

#### 990 Schedule O, Supplemental Information

Return Reference

Form 990, Part VI, Section B, Line 11b  Gannon has two conflict of interest policies, one for members of the Board of Trustees and one for employees. Each Board member is required to complete a conflict of interest form at the September board meeting. These are gathered by the President's Office with copies is ent to the Internal Auditor. The Internal Auditor then analyzes the disclosures made with the assistance of the Vice President for Finance and Administration and prepares a summary of any relationships disclosed. All employees are required to complete an updated form annually in May of each year, the list of key employees are required to complete an updated form annually in May of each year, the list of key employees are required to complete an updated as necessary by the Internal Auditor with the assistance of the Vice President for Finance and Administration in September of each year the forms are sent to the individuals identified as key employees. The completed forms are then analyzed by the Internal Auditor and Vice President for Finance and Administration and a summary is prepared of any relationships disclosed Both summaries are then presented to the Audit Subcommittee of the Board of Trustees at the February Board meeting.  Form 990, Part VI, Section B,  The Evaluation/Executive Compensation Committee of the Board of Trustees meets regularly to consider the compensation packages of the President and Vice Presidents and to approve a ny changes to current written employment contracts. The Committee reviews the compensation surveys, comparable industry compensation data, and 990's from comparable institutions. A is treates to the President, the Committee engages an independent compensation consultan to Minutes are kept for Committee meetings.  Form 990, Part VI, Section C,  The University makes its governing documents, conflict of interest policy, and financial statements available to the public upon request.		<u>'</u>
one for employees Each Board member is required to complete a conflict of interest form at the September board meeting. These are gathered by the President's Office with copies sent to the Internal Auditor. The Internal Auditor then analyzes the disclosures made with the assistance of the Vice President for Finance and Administration and prepares a summary of any relationships disclosed. All employees are required to sign a conflict of interest form upon hire. If any relationships are disclosed, a copy of the form is sent to and ana lyzed by the Internal Auditor. Key employees are required to complete an updated formannually. In May of each year, the list of key employees is analyzed and updated as necessary by the Internal Auditor with the assistance of the Vice President for Finance and Administ ration. In September of each year the forms are sent to the individuals identified as key employees. The completed forms are then analyzed by the Internal Auditor and Vice President of Finance and Administration and a summary is prepared of any relationships disclosed. Both summaries are then presented to the Audit Subcommittee of the Board of Trustees at the February Board meeting.  Form 990, Part VI, Section B, Line 15  The Evaluation/Executive Compensation Committee of the Board of Trustees meets regularly to consider the compensation packages of the President and Vice Presidents and to approve any changes to current written employment contracts. The Committee reviews the compensation surveys, comparable industry compensation data, and 990's from comparable institutions. As it relates to the President, the Committee engages an independent compensation consultant. Minutes are kept for Committee meetings.  Form 990, Part VI, Section C, Line 19  The University makes its governing documents, conflict of interest policy, and financial statements available to the public upon request.		
Line 15  o consider the compensation packages of the President and Vice Presidents and to approve a ny changes to current written employment contracts. The Committee reviews the compensation surveys, comparable industry compensation data, and 990's from comparable institutions. A sit relates to the President, the Committee engages an independent compensation consultant. Minutes are kept for Committee meetings.  Form 990, Part VI, Section C, Line 19  The University makes its governing documents, conflict of interest policy, and financial statements available to the public upon request.	·	one for employees Each Board member is required to complete a conflict of interest form at the September board meeting. These are gathered by the President's Office with copies sent to the Internal Auditor. The Internal Auditor then analyzes the disclosures made with the assistance of the Vice President for Finance and Administration and prepares a summary of any relationships disclosed. All employees are required to sign a conflict of interest form upon hire. If any relationships are disclosed, a copy of the form is sent to and ana lyzed by the Internal Auditor. Key employees are required to complete an updated form annually. In May of each year, the list of key employees is analyzed and updated as necessary by the Internal Auditor with the assistance of the Vice President for Finance and Administ ration. In September of each year, the forms are sent to the individuals identified as key employees. The completed forms are then analyzed by the Internal Auditor and Vice President for Finance and Administration and a summary is prepared of any relationships disclosed. Both summaries are then presented to the Audit Subcommittee of the Board of Trustees at t
Line 19 to the public upon request		o consider the compensation packages of the President and Vice Presidents and to approve a ny changes to current written employment contracts. The Committee reviews the compensation surveys, comparable industry compensation data, and 990's from comparable institutions. A s it relates to the President, the Committee engages an independent compensation consultan
Form 990, Part XI, Line 9 Loss on assets disposed of		
	Form 990, Part XI, Line 9	Loss on assets disposed of