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#### DLN: 93493110008287

## OMB No 1545-0047

2015

Open to Public

Department of the

## **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>

nterna	ıl Reven	ue Service			Inspection
\ Fo	or the 2	2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-201	5		
Che	ck ıf ap	plicable C Name of organization GANNON UNIVERSITY		D Employer	identification number
Ac	dress ch			25-0496	5976
_	me cha	Doing business as			
_	tıal retu	rn			
	nal termina	Number and street (or P O box if mail is not delivered to street address) Room/suit	e	E Telephone	number
Am	ended r	109 University Square eturn		(814)87	1-7213
Apı	olication	pending City or town, state or province, country, and ZIP or foreign postal code Erie, PA 16541			
				<b>G</b> Gross rece	ipts \$ 179,218,620
		<b>F</b> Name and address of principal officer  Dr Keith Taylor	<b>H(a)</b> Is thi	s a group re	
		109 University Square		dinates?	☐ Yes 🗸
		Erie, PA 16541	No H(b) Are a	ll subordinat	tes — — "
Tax	k-exemp	ot status	includ	ded?	Tes   No
w	ebsite:	:▶ www gannon edu		•	list (see instructions)
				p exemption	
<b>(</b> Form	n of orga	anization	L Year of for	mation 1925	M State of legal domicile PA
Da	rt I	Summary			
ГŒ		efly describe the organization's mission or most significant activities			
		gher Education (enrollment 4,343) Gannon is a Catholic, Diocesan university o	ffering a com	prehensive,	values-centered learning
	ex	perience that emphasizes faith, leadership, inclusiveness and social responsibl	_		_
ų	glo	bal citizens			
Ĕ	_				
<u> </u>	_				
GOVERNABICE	<b>2</b> C	heck this box ▶ ┌─ if the organization discontinued its operations or disposed o	f more than 2	.5% of its ne	et assets
Č.	3 N	umber of voting members of the governing body (Part VI, line 1a)		. 3	37
ACHVIUES &	<b>4</b> N	umber of independent voting members of the governing body (Part VI, line 1b)	. 4	34	
Ś	5 T	otal number of individuals employed in calendar year 2015 (Part V, line 2a) .		5	2,169
1	6 T	otal number of volunteers (estimate if necessary)		. 6	37
	<b>7</b> a ⊤∈	otal unrelated business revenue from Part VIII, column (C), line 12		. 78	115,177
	<b>ь</b> Ne	t unrelated business taxable income from Form 990-T, line 34		. 7	<b>b</b> -224,106
			Prio	r Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		8,982,38	7,282,911
enua	9	Program service revenue (Part VIII, line 2g)	1	.14,202,73	5 120,047,286
ΔÖ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,988,52	8 3,748,113
Rav	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		727,47	
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		. 25,901,11	·
		12)	,	. 25,901,111	6 131,953,941
	13	Grants and similar amounts paid (Part IX, column (A), lines $1-3$ )		35,715,10	4 37,519,688
	14	Benefits paid to or for members (Part IX, column (A), line 4)		I	0 0
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines		54,139,62	56,997,202
Se	46-	5-10)		1 5 6 4 5	141 261
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		156,45	6 141,361
ď	ь	Total fundraising expenses (Part IX, column (D), line 25) ▶1,961,028		27.472.15	4 20 22 4 4 4
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		27,473,47	
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1	.17,484,66	<del> </del>
(P	19	Revenue less expenses Subtract line 18 from line 12	·	8,416,45	6 7,460,772
Net Assets of Fund Balances			Beginning o	f Current Yea	er End of Year
alar	20	Total assets (Part X, line 16)	-	24,392,88	9 224,350,297
A B	21	Total liabilities (Part X, line 26)		73,193,03	+
چ چ	22		` <del> </del>	.51,199,85	
	22 (1.111	Net assets or fund balances Subtract line 21 from line 20		. 71,177,03	132,013,433
		ties of perjury, I declare that I have examined this return, including accompany	ıng schedule	s and stater	ments, and to the best of
		, , , , , , , , , , , , , , , , , , ,			6

my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	<u> </u>	unda Wagner Vice President Finance & Type or print name and title	Admın			Date			
Paid		Print/Type preparer's name	Preparer's signature	D	Date	Check If self-employed	PTIN		
Preparer	,	Firm's name				Fırm's EIN ▶			
Use Only							Phone no		

2017-04-20

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? 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	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4		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? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III 2	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	
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	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	
	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	<b>11</b> b		No
	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	<b>11</b> c		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	<b>11</b> d		No
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	<b>11</b> f	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
13	Is the organization a school described in section 170(b)(1)(A)(וו)? If "Yes," complete Schedule E	13	Yes	
14a	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
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? 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? <i>If "Yes," complete Schedule G, Part I</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
	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		

29

Form	1 990 (2015)			Page <b>4</b>
Pai	rt 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	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? 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? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d			

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

**b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

member of any of these persons? If "Yes," complete Schedule L, Part III . . . . . . . . . . . . . . Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

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 . . . . . . . . . . . . . Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . .

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Yes

Νo

Nο

Νo

Νo

Νo

Nο

Νo

Νo

Nο

Nο

Nο

Nο

Νo

Νo

Νo

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25b

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28c

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35a

35b

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Yes

Form 990 (2015)

Yes

Yes

Pai	t V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		V			_
		check if Schedule o contains a response of flote to any line in this	rait	<u>v</u>	•	Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	5,148			110
		the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
		Lie organization comply with backup withholding rules for reportable payments to		dore and reportable			
·		ig (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					
		tatements, filed for the calendar year ending with or within the year covered	3-	2.160			
	•	s return	2a	2,169	2b	Yes	
D		east one is reported on line 2a, did the organization file all required federal emp If the sum of lines 1a and 2a is greater than 250, you may be required to e-file			20	1 63	
3a		e organization have unrelated business gross income of \$1,000 or more during	•	·	3a	Yes	
		s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanatic</i>		•	3b	Yes	
		y time during the calendar year, did the organization have an interest in, or a si					
	over,	a financial account in a foreign country (such as a bank account, securities acc			4-		
	accou	int)?			4a		No
Ь		s," enter the name of the foreign country					
	(FBAR	nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank	and	Financial Accounts			
5a	•	·' he organization a party to a prohibited tax shelter transaction at any time durin	a the	tax vear?	5a		No
		ny taxable party notify the organization that it was or is a party to a prohibited t					No
			an on	refres transaction	5b		
С	ті ке	s," to line 5a or 5b, did the organization file Form 8886-T?	• •		5c		
6a		the organization have annual gross receipts that are normally greater than \$10			6a		Νo
	-	ization solicit any contributions that were not tax deductible as charitable cont					
Ь		s," did the organization include with every solicitation an express statement th not tax deductible?	at su	ch contributions or gifts	6b		
7	Organ	izations that may receive deductible contributions under section 170(c).					
а	Did th	ie organization receive a payment in excess of \$75 made partly as a contribution	on an	d partly for goods and	7a	Yes	
_		ces provided to the payor?					
		s," did the organization notify the donor of the value of the goods or services pi			7b	Yes	
С		le organization sell, exchange, or otherwise dispose of tangible personal proper orm 8282?	ty for •	which it was required to	7c		No
d	If"Ye	s," indicate the number of Forms 8282 filed during the year $\ldots$	7d				
_	Did th	ie organization receive any funds, directly or indirectly, to pay premiums on a p	orcon	val hanefit contract?			
C	Dia tii	ic organization receive any lands, directly of indirectly, to pay premiums on a p	CISOII	iai benent contract.	7e		No
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a perso	nal b	enefit contract?	<b>7</b> f		Νo
g		organization received a contribution of qualified intellectual property, did the or	rganız	zation file Form 8899 as	7-		
h	requir	ear	· ·	the organization file a	<b>7</b> g		
"		1098-C?	•	· · · · · ·	7h		
8	-	oring organizations maintaining donor advised funds.		a baldinga at any tima			
		donor advised fund maintained by the sponsoring organization have excess bus i the year?	ines:	s nordings at any time	8		
02	Did th	e sponsoring organization make any taxable distributions under section 49667	•		9a		
		ie sponsoring organization make a distribution to a donor, donor advisor, or rela		ercon?	9b		
10		on <b>501(c)(7) organization</b> make a distribution to a donor, donor advisor, or rela	iceu p		30		
		tion fees and capital contributions included on Part VIII, line 12	10a				
		receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
	facılıtı						
		on <b>501(c)(12) organizations.</b> Enter		I			
		Income from members or shareholders	11a				
b		Income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them )	11b				
17-	_	ے on <b>4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990	ın lıc	u of Form 10412	12a		
		s," enter the amount of tax-exempt interest received or accrued during the		.a or roim 1041,	-£a		
,	year	2, 22. and amount of tax exempt meetest received of decruce during the	12b				
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the	organization licensed to issue qualified health plans in more than one state? <b>N</b> o	ote. S	See the instructions for			
		onal information the organization must report on Schedule O		1	13a		
b		the amount of reserves the organization is required to maintain by the states	13b				
_		ch the organization is licensed to issue qualified health plans					
		the amount of reserves of fland	13c	7	14a		No
		s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i> :	•		14a		NO
<i>U</i>	11 16	5, has tellied a Form 720 to report these payments in 190, provide all explains		, seriedare O	_TU		

orm	990 (2015)			Page		
	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			w, 		
36	ction A. Governing Body and Management		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year 37					
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent    1b 34					
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?					
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		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	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 organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No		

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? . . . . . . . . . . . . . 10a Νo If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Yes **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . 12a Yes **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Yes 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes Did the organization have a written whistleblower policy? . . . . . . . . . . . . 13 13 Yes Did the organization have a written document retention and destruction policy? . . . . . . . . . . 14 Yes Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official . . . 15a Yes 15b Yes If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a **16**a Νo **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . . . . . . . . . . . . . . 16b

Se	ection C. Disclosure	
17	List the States with which a copy of this Form 990 is required to be filed▶	DΛ

	<u>r</u>	Λ
L8	Section 6104 requires an organization to make its Form 1023 (or 1024 if a	applicable), 990, and 990-T (501(c)
	(3)s only) available for public inspection. Indicate how you made these available for public inspection.	Ilable Check all that apply

- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply ☐ Own website. ☐ Another's website. ☐ Upon request. ☐ Other (explain in Schedule O.)
  - Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of
- interest policy, and financial statements available to the public during the tax year

  20 State the name, address, and telephone number of the person who possesses the organization's books and records

  ▶Jeffrey S Taylor 109 University Square Erie, PA 16541 (814) 871-7213

Part VII

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 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 (B) (C) (D) (F) (A) (E) Name and Title Average Position (do not check Reportable Reportable Estimated hours per more than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (Worganizations from the (W-2/1099for related 2/1099-MISC) organization and Former Highest compensat employee Individual trustee É organizations MISC) related ũ stitutional below organizations employee 勇含 dotted line) Trustee See Additional Data Table

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	more t	tion i han d on is	one l both	oox, an d	heck unless officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimate amount of o compensal from the	ated of other sation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organizat relat organiza	ted
See Additional Data Table											
1b Sub-Total	ets to Part VII, S			· ·	 	. •		2,489,351	0		517,690
2 Total number of individuals (i \$100,000 of reportable com	ncluding but not	imited	to the	se I	ıste	d abov	e) wl	ho received more t	han		
										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 J for such individual	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 J for such person	5		No

services rendered to the organization? If "Yes," complete Schedule I for s	, , , , , , , , , , , , , , , , , , ,	5 No
Section B. Independent Contractors		
Complete this table for your five highest compensated independent concompensation from the organization. Report compensation for the cale.		
(A) Name and business address	(B) Description of services	(C) Compensation
Building Systems Inc	General contractor	3,398,169
7335 Old Perry Highway Ene, PA 16509		
Metz & Associates Ltd	Food service provider	3,065,194
Two Woodland Dnve Dallas, PA 18612		
Perry Construction Group Inc	General contractor	1,896,746
1440 West 21st Street Епе, РА 16512		
Niley	Education provider	968,288
1415 West 22nd Street Suite 400 Oak Brook, IL 60523		
JPMC Hamot School of Anesthesia	Education provider	584,160
201 State Street Ene, PA 16550		

Form 99		15)						Page <b>S</b>
Part V	Ш	Statement o						_
		Check if Schedi	ule O contains a respon	se or note to any III	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
š	1a	Federated cam	paigns 1a	0				
Grants Amounts	ь	Membership du	es <b>1b</b>	0				
Ē.G	С	Fundraising eve	ents <b>1c</b>	0				
ons, Gifts, Grants Similar Amounts	d	Related organiz	ations 1d	0				
s, C imil	е	Government grants	s (contributions) <b>1e</b>	2,623,044				
tion ir S	f	All other contribution	ons, gifts, grants, and <b>1f</b>	4,659,867				
tributio Other	g		ons included in lines	229,632				
Contributions, Gifts, and Other Similar A	-	1a-1f \$ <b>Total.</b> Add lines	s 1a-1f		7,282,911			
				Business Code				
Program Service Revenue	2a	TUITION AND FEES	5	611310	107,121,807	107,121,807	0	0
å	Ь	AUXILIARY ENTERF	PRISES	611310	12,925,479	12,925,479	0	C
NC E	С	-						
*	d e							
ram	f	All other progra	am service revenue		0	0	0	0
₹og						•		
	g 3		s 2a-2f ome (including dividence		120,047,286			
		and other simila	aramounts)	•	2,125,534	0	0	2,125,534
	4 5		stment of tax-exempt bond p	· · · .	127,400	0	0	127,400
		Royaldes	(ı) Real	(II) Personal		-		
	6a	Gross rents	152,367	0				
	ь	Less rental	24,460	0				
	С	expenses Rental income	127,907	0				
	d	or (loss) Net rental inco	me or (loss)		127,907	0	0	127,907
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	48,735,398	0				
	ь	Less cost or other basis and	47,240,219	0				
		sales expenses Gain or (loss)	1,495,179	0				
	c d	, ,	s)		1,495,179	0	0	1,495,179
Other Revenue	<b>8</b> a	events (not inc	luding 0 s reported on line 1c)					
ther	ь		a penses b	0				
O	С	Net income or (	loss) from fundraising (	events >	0		0	C
	9a	Gross income f See Part IV, lin	rom gaming activities ne 19 <b>a</b>					
			penses <b>b</b> [					
	С	Net income or (	(loss) from gaming activ	/ities ▶				
	10a	Gross sales of returns and allo						
		Less cost of g	L					
	С		(loss) from sales of inve					
	11a	Miscellaneous	s Revenue S BOOKSTORE	Business Code 900099	156,178	156,178	0	C
	ь	ADVERTISING		541800	48,681	0	48,681	C
	С	PERSONAL PR	_	323100	25,835	0	25,835	C
	d	All other reven			517,030	476,369	40,661	C
	e	Total. Add lines	s 11a-11d	•	747,724			
	12	Total revenue.	See Instructions		131,953,941	120,679,833	115,177	3,876,020

### Part IX Statement of Functional Expenses

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

	<u>Г</u>				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> 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	200,000	200,000		
2	Grants and other assistance to domestic individuals See Part IV, line 22	37,319,688	37,319,688		
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	1,352,811	641,681	567,643	143,487
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	39,460,571	34,782,303	3,787,123	891,145
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	2,441,716	1,887,554	469,830	84,332
9	Other employee benefits	10,888,340	9,714,100	892,405	281,835
10	Payroll taxes				
		2,853,764	2,252,904	526,993	73,867
11	Fees for services (non-employees)				
a	Management	0	0	0	0
b	Legal	71,357	0	71,357	0
C	Accounting	80,683	0	80,683	0
d	Lobbying	0	0	0	0
e	Professional fundraising services See Part IV, line 17	141,361	0	F7 120	141,361
f -	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A)	57,129	0	57,129	0
g	amount, list line 11g expenses on Schedule O)	0	0	0	0
12	Advertising and promotion	1,295,390	598,582	696,483	325
13	Office expenses	2,061,818	1,510,070	455,286	96,462
14	Information technology	1,979,251	399,338	1,572,223	7,690
15	Royalties			-	0
16	Occupancy	3,173,433	919,803	2,253,630	
17 18	Payments of travel or entertainment expenses for any federal,	2,018,712	1,708,690	236,644	73,378
19	state, or local public officials	1,185,972	1,016,021	114,527	55,424
20	Interest	2,193,837	2,193,837	0	0
21	Payments to affiliates	2,133,037	2,133,637	0	
22	Depreciation, depletion, and amortization	5,984,754	5,353,798	630,932	24
23	Insurance	722,053	241,017	481,036	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	2,547,124	2,547,124	0	0
b	Equipment Maintenance	1,484,538	1,127,666	345,015	11,857
c	Indirect Cost Allocation	0	167,651	-167,651	0
d	Maintenance of Plant Allocation	0	2,776,581	-2,776,581	0
e	All other expenses	4,978,867	4,092,163	786,863	99,841
25	<b>Total functional expenses.</b> Add lines 1 through 24e	124,493,169	111,450,571	11,081,570	1,961,028
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)				

(B)

End of year

4,450

25,696,195

3,758,891

1,546,595

Ω

0

1,547,855

116,565,184

72,642,123

269,359

0

0

0

0

0

2,515,264

71,534,862

115,119,451

7,303,280

30,392,704

152,815,435

224,350,297 Form 990 (2015)

2,319,645

224,350,297

13,743,126

55,276,472

(A)

Beginning of year

4,125

32,390,986

3,400,287

1,407,310

1

2

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4

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7 0

8

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**10**c

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30 31

32

33

34

0 6

0

1,405,487

111,258,301

71,884,750

267,839

0 14

0

0

0

0

2,473,111

73,193,038

113,947,318

8,726,115

28,526,418

151,199,851

224,392,889

2,373,804

224,392,889

13,191,168

57,528,759

194 963 963

78,398,779

FullA	Da	Iuii	CE	91	 •

Cash-non-interest-bearing . . . .

Savings and temporary cash investments

Notes and loans receivable, net . . .

Prepaid expenses and deferred charges

Investments—publicly traded securities .

Other assets See Part IV, line 11 . .

Accounts payable and accrued expenses

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments-program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . . . . . .

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow SFAS 117 (ASC 958), check here ▶

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Retained earnings, endowment, accumulated income, or other funds

Paid-in or capital surplus, or land, building or equipment fund

and other liabilities not included on lines 17-24)

**Total liabilities.**Add lines 17 through 25 .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances .

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Pledges and grants receivable, net .

Accounts receivable, net . .

Schedule L .

II of Schedule L

Grants payable

Deferred revenue .

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets

Inventories for sale or use

Complete Part VI of Schedule D

Less accumulated depreciation .

Intangible assets . . . . .

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

10a

10b

1

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10a

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Net Assets or Fund Balances

Form 990 (2015)

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part Total expenses (must equal Part IX, column (A), line 25) . . .

Other changes in net assets or fund balances (explain in Schedule O) .

Revenue less expenses Subtract line 2 from line 1 . . .

Net unrealized gains (losses) on investments . . .

Donated services and use of facilities .

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Investment expenses .

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Prior period adjustments .

΄ (.	2013)	
1	Reconcilliation of Net Assets	
	Check if Schedule O contains a response or note to any line in this Part ${\sf XI}$	

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

Consolidated basis

**b** Were the organization's financial statements audited by an independent accountant?

Cash ✓ Accrual COther

Both consolidated and separate basis

Both consolidated and separate basis

Total revenue (must equal Part VIII, column (A), line 12) . . . .

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131,953,941

. . . . . . . . . . .

Page **12** 

124,493,169 7,460,772

151,199,851

-4,701,926 -1,143,262

152,815,435

No

Νo

Yes

Yes

Yes

Yes

Yes Form 990 (2015)

2a

2b

2c

3a

3b

#### **Additional Data**

**Software ID:** 15000352

Software Version: v1.00

**EIN:** 25-0496976

Name: GANNON UNIVERSITY

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

(Code ) (Expenses \$ 798,962 including grants of \$ 0 ) (Revenue \$
Other Program Services Research Research is conducted on a project basis, primarily by members of the Schools of Science and
Engineering Projects 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

Compensated Employees, and Inde	penaent Co	ntrac	ctor	5					1	
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	ore t ss pe	than erso icer	not one on is and		,	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
Robert P Barker	2 0				[ '	[ '				
Board Member	0 0	X			L'	<u> </u>		0	0	U
Candace Battles Board Member	2 0	x						0	0	0
Rev Msgr Robert L Brugger Board Member	2 0	x						0	0	C
Marcia A Dall Board Member	2 0	x						0	0	
Tına M Donikowskı Board Member	2 0	×						0	0	C
Sr Mary Drexler SSJ Board Member	2 0	x						0	0	C
Dana M Fallon Board member	2 0	x						0	0	C
Gwendolyn Garbarino	2 0									

0 0

Gwendolyn Garbarino Board Member

James E Gehrlein Board Member

Thomas C Guelcher Vice Chairperson

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** 

25,991

90,194

(A) Name and Title	(B) A verage hours per week (list any hours for related	m unles	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
Rev Scott Jabo	2 0									
Board Member	0 0	X						0	0	0
Rev Msgr Andrew H Karg	2 0									
Kev Msgr Andrew H Karg		х						0	0	0
Board Member	0 0									
Scott M Krall	2 0									
Board member		X						0	0	0
	0 0						$\vdash$			
Bnan Kurtz	2 0	x						0	0	0
Board Member	0.0	^						0	0	0
Urban J LaRiccia	2 0									
Olbait 5 Laniccia		Х						0	0	0
Board Member	0 0									
Thomas J Loftus	2 0									
Danud Mambau		Х						0	0	0
Board Member	0 0									
Emmett J Lombard	2 0									

0 0 20

0 0

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Board Member/Chair of Faculty Senate

Rev John Malthaner

Rev T Shane Mathew

Board Member

Board Member

Pierre McCormick Board Member

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** 

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related	m unles	ore t ss pe	han erso cer	not one n is and trus	tee)		(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
Mark Minnaugh	2 0	х		×				0	0	
Secretary	0 0									
Susan M Nedza	2 0									
Board Member	0 0	Х						0	0	٠ ا
Dr Richard G Orlando	2 0									
Board Member	0 0	X						0	0	0
Most Rev Lawrence T Persico JCL	2 0									
Chairperson	0 0	X		X				0	0	0
Thomas F Power Jr	2 0									
Board Member	0 0	×						0	0	0
Rev Nicholas Rouch STD	2 0									
Board Member	0 0	Х						0	0	0
James J Rutkowksı Jr	2 0									
Board Member	0 0	X						0	0	0
James A Scozzie	2 0									
James A Scozzie		١ ,, ا			I	1	I	١ .	1	

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0 0

Board Member

Board Member

Timothy G Shuttleworth

Christopher B Snyder Board Member

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

41,799

91,951

35,818

32,080

Compensated Employees, and Inde					, ru:	stee	S, F	key Employe	es, nignest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
Antoinette Spevetz	2 0	х						0	0	С
Board Member	0 0									
James F Toohey	2 0	x						0	0	С
Board Member	0 0									
Margaret A VanderLaan Board Member	2 0	x						0	0	C
Sr Mary Ann White SSJ Board Member	2 0	x						0	0	C
Zach Wolf	2 0	×						0	0	
Board Member	0.0	^							0	
William M Zeitler	2 0									

0.0 37 5

0 37 5

37 5

0 37 5

0

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378,127

205,559

195,818

143,348

Board Member

.....

Vice President Finance and Administration

Provost and VP for Academic Affairs, until 10/31/15

Provost and VP for Academic Affairs, as of 11/1/15

Keith Taylor

Linda Wagner

Carolynn Masters

Steve Mauro

President

25,230

33,757

33,024

10,843

147,623

145,318

141,886

129,128

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Form 990, Part VII - Compensation Compensated Employees, and Inde					/rus	stee	s, k	(ey Employee	es, Highest	
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Pos m unles	unless person is both an officer and a director/trustee)		(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations			
Jack Sims Vice President University Advancement	37 5			x				168,416	0	18,882
Bill Edmondson Vice President Enrollment	37 5			×				161,855	0	86,597
Ralph Nichols  VP Student Development and Engagement	37 5			x				143,719	0	33,563
Mahesh Aggarwal Mechanical Engineering Faculty	37 5					х		256,565	0	19,073
Mike Panza	37 5					х		181,795	0	29,082

0 37 5

0 37 5

0 37 5

37 5

Mechanical Engineering Faculty

.....

Electrical and Computer Engineering Faculty

Dean of College of Business and Engineering

Frmr Provost/VP Acad Affairs, current Dean of CHESS

Fong Mak

William L Scheller

Michael Messina

Marketing Faculty

Linda Fleming

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE A

hospital's name, city, and state

**170(b)(1)(A)(iv).** (Complete Part II )

described in section 170(b)(1)(A)(vi). (Complete Part II)

(Form 990 or

Internal Revenue Service Name of the organization

GANNON UNIVERSITY

✓

990EZ)

Part I

1

2

3

Treasury

Department of the

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

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

**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 Open to Public Inspection

DLN: 93493110008287 OMB No 1545-004

Employer identification number

25-0496976

www.irs.gov/form990.

**Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization that normally receives a substantial part of its support from a governmental unit or from the general public

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations . . . . . . . . . . . . . . . . Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No Total Cat No 11285F For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ. Schedule A (Form 990 or 990-EZ) 2015

	edule A (Form 990 of 990-EZ) 2013						Page Z
Pā	Support Schedule fo						
	(Complete only if you of Part III. If the organization						
S	ection A. Public Support	acion falls to qu	iamy under the	tests listed bei	ow, piedse con	ipiete Fait III.	)
	Calendar year						1
(or	fiscal year beginning in)	(a)2011	<b>(b)</b> 2012	(c)2013	( <b>d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> Total
•	Gifts, grants, contributions, and						
	membership fees received (Do						
	not include any unusual grants )						
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
•	furnished by a governmental unit						
	to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5						
	from line 4						
5	ection B. Total Support		Τ	Т	ı	T	
/or	Calendar year fiscal year beginning in) ▶	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> ⊤otal
7	Amounts from line 4						
8	Gross income from interest,						
•	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly carried on						
10	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
L1	<b>Total support.</b> Add lines 7						
12	through 10 [ Gross receipts from related activiti	es etc (see inst	ructions)			12	
13	First five years.If the Form 990 is		•	thurd fourth or t	fifth tay year ac a		3) organization
	check this box and <b>stop here</b>	3	•		•	``	5) organización,
S	ection C. Computation of Pul	olic Support F	Percentage				
14	Public support percentage for 2015			11, column (f))		14	
15	Public support percentage for 2014	1 Schedule A , Pa	rt II, line 14			15	
L6a	<b>33 1/3% support test—2015.</b> If the	organization did	not check the box	on line 13, and l	line 14 is 33 1/3%		this box
	and <b>stop here.</b> The organization qua	-		•	•	•	▶□
b	<b>33 1/3% support test—2014.</b> If the				, and line 15 is 3	3 1/3% or more, o	heck this
	box and <b>stop here.</b> The organizatio						▶┌
L7a	10%-facts-and-circumstances test	_				•	
	is 10% or more, and if the organiza						
	in Part VI how the organization mee	eis the "facts-an	u-circumstances	test The organi	ızatıon qualifies a	s a publicly supp	- <del>-</del>
h	organization  10%-facts-and-circumstances test		anization did nat	shock a how on lin	0 12 16 3 16 4	or 17a and line	▶
U	15 is 10% or more, and if the organ						
	Explain in Part VI how the organiza				,	•	clv
	supported organization						▶ [
18	<b>Private foundation.</b> If the organizat	ion did not check	a box on line 13	, 16a, 16b, 17a, c	or 17b, check thi	s box and see	
	instructions				•		▶┌
							'

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	(e)2015	<b>(f)</b> ⊤otal
•	iscal year beginning in)	(4)2011	(5)2012	(6)2010	(4)2011	(0)2010	(1)10ta1
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
-	merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
	purpose						
3	Gross receipts from activities						
	that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit						
	to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and						
	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	<b>Public support.</b> (Subtract line 7c						
	from line 6 )						
Se	ction B. Total Support				1		I
	Calendar year			1	I	I	
(or f	iscal year beginning in)	<b>(a)</b> 2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 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						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12)  First five years.If the Form 990 is f	or the organization	n's first second	thurd fourth or	fifth tay year ac a	section 501/c	V3) organization
14	•	or the organization	on s mist, second	, tillia, louitii, oi	ilitii tax yeal as a	1 5600001 501(0	)(3) organization,  ▶ □
	check this box and stop here	lia Cunnant D					
	ction C. Computation of Pub						
15	Public support percentage for 2015	(line 8, column	(f) divided by line	: 13, column (f))		15	
16	Public support percentage from 201	l 4 Schedule A, P	art III, line 15			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ae			
17	Investment income percentage for				nn (f))	14-1	
	· · · · · · · · · · · · · · · · · · ·	•		•	···· (1 <i>))</i>	17	
18	Investment income percentage from	n <b>2014</b> Schedule	A, Part III, line	1 /		18	
19a	<b>33 1/3% support tests—2015.</b> If the	organization did	not check the bo	ox on line 14, and	l line 15 is more t	than 33 1/3%, a	ind line 17 is not
	more than 33 1/3%, check this box	and <b>stop here.</b> T	he organization q	ualıfıes as a publ	icly supported or	ganızatıon	▶┌
b	<b>33 1/3% support tests—2014.</b> If the	organization did	not check a box	on line 14 or line	19a, and line 16	ıs more than 3	3 1/3% and line
	18 is not more than 33 1/3%, check	this box and <b>st</b>	<b>op here.</b> The orga	nızatıon qualıfıes	as a publicly sup	ported organiz	ation 🕨 🗍
20	Private foundation. If the organizati	on did not check	a box on line 14	. 19a. or 19b. ch	eck this box and	see instruction	s ▶⊤ˈ

### 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, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and complete Part V.)

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
	Averally of the community of community of community of community of the community of community o		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	2		
	509(a)(1) or (2)			<u> </u>
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  If "Yes," answer (b) and (c) below	3a		
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?	<b>3</b> c		
4a	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use  Was any supported organization not organized in the United States ("foreign supported organization")?			l
	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?	4b		
	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			
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 $(2)$ ?  If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported	4c		
	organization was used exclusively for section 170(c)(2)(B) purposes			l
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	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in	5b		
c	the organization's organizing document? <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	J.		
	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? If "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> .	<b>9</b> c		
0a	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)	<b>10</b> b		
1	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?	<b>11</b> a		
	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	<b>11</b> c		

Part IV	Supporting	Organizations	(continued

I GIC IV		аррог	9	Oi guilleu	LIOIIS	(continue	ч,
Section	n R	Tyne	T Si	innorting	Orga	nization	_

			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		

Section C. Type II Supporting Organization	Section	C.	Type	II	Supporting	Organization	s
--	---------	----	------	----	------------	--------------	---

			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 contiol or management of the supporting organization was vested in the same persons			
	that controlled or managed the supported organization(s)	1		

			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		

#### Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	fy the Integral Part Test during the year (see instructions)

- 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

С		i ne orga instructi	nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons)	эe
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.	Y
а			all of the organization's activities during the tax year directly further the exempt purposes of the	

	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 <b>Part VI identify those supported organizations and explain</b> 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	
	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	Parent of Supported Organizations Answer (a) and (b) below.		

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
	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		
,	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	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	A verage monthly value of securities	1a		
b	A verage monthly cash balances	1b 1c		
C	Fair market value of other non-exempt-use assets	1d		
d	Total (add lines 1a, 1b, and 1c)  Discount claimed for blockage or other factors	Id		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
;	<b>Distributable A mount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting (	organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthe excess 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	quired)		
6 Other distributions (describe in Part VI) See instru	ictions		
· · · · · · · · · · · · · · · · · · ·	20010115		
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 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		T	T
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
a			
b			
<u>c</u>			
d From 2013			
e From 2014			
f Total of lines 3a through e  g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
<b>c</b> Excess from 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			
			(F 000 000 F7) /2.01 F

SCHEDULE D

(Form 990)

Department of the

### **Supplemental Financial Statements**

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

2015

DLN: 93493110008287

Open to Public

Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service **Employer identification number** Name of the organization GANNON UNIVERSITY 25-0496976 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶\_ Number of states where property subject to conservation easement is located ▶\_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(I) and section 170(h)(4)(B)(II)? ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

Par	t III	Organizations Maintaining (continued)	g Collections of A	rt, Historica	l Tre	easures, or (	Other Similar A	ssets
3		the organization's acquisition, acc ction items (check all that apply)	cession, and other rec	ords, check any	of the	e following that	are a significant us	e of its
а	<b>√</b>	Public exhibition		d 🗀 l	.oan o	r exchange pro	grams	
b	<b>√</b> :	Scholarly research		<b>e</b>	ther			
c	<b>√</b>	Preservation for future generations	i					
4		de a description of the organizatior		olain how they fo	ırther	the organizatio	n's exempt purpose	ın
5		g the year, did the organization sol is to be sold to raise funds rather t						s ✓ No
Pai	rt IV	Escrow and Custodial Arra Complete if the organization Part X, line 21.		Form 990, Pa	art IV	, line 9, or re	ported an amoun	t on Form 990,
<b>1</b> a		e organization an agent, trustee, cu ded on Form 990, Part X?	istodian or other inter	mediary for con	rıbutı	ons or other as:	sets not <b>Yes</b>	s
b	If"	'Yes," explain the arrangement in F	Part XIII and complet	e the following t	able		A mo	ount
c	Beg	ginning balance				10	:	
d	A d	ditions during the year				10		
е	Dis	tributions during the year				1e		
f	End	ding balance				1f		
<b>2</b> a	Did th	ne organization include an amount i	on Form 990, Part X,	line 21, for escr	ow or	custodial accou	int liability? Tyes	s
ь		es," explain the arrangement in Par		<u> </u>				
Pa	rt V	Endowment Funds. Comple					· · · · · · · · · · · · · · · · · · ·	
	Dage	uning of work balance	(a)Current year 58,150,830	( <b>b</b> )Pnor year 56,142,32	<del></del>	Two years back 47,281,126	(d)Three years back 41,277,818	(e)Four years back 40,418,043
1a b	_	Ining of year balance	1,715,209	1,841,19	+	1,960,016	1,766,648	2,038,875
	•		27, 20,205	2,0.2,22		2,500,020	2,1 3 5,1 3 5	2,000,010
c		nvestment earnings, gains, and	-1,249,616	1,998,46	3	8,959,046	5,504,418	-36,359
	losse		1,993,714	1,759,20		1,960,014	1,195,668	1,038,875
d	Grant	s or scholarships	1,993,714	1,739,20	1	1,900,014	1,193,000	1,036,673
e		r expenditures for facilities rograms	0			0	0	0
f	A dmi	nistrative expenses	57,129	71,96	3	97,847	72,090	103,866
g	End o	f year balance	56,565,580	58,150,83	)	56,142,327	47,281,126	41,277,818
2	• Provi	· · · · · · · de the estimated percentage of the	current year end bala	ance (line 1g, co	lumn	(a)) held as	1	
а	Board	l designated or quasi-endowment 🕨	<b>378%</b>					
b	Perm	anent endowment ► 53 4 %						
c		orarily restricted endowment <b>&gt;</b> ercentages on lines 2a, 2b, and 2c	88% should equal 100%					
3а	organ	nere endowment funds not in the polization by	J		held a	and administere	d for the	Yes No
		related organizations			-			(i) No
b		elated organizations es" on 3a(ii), are the related organi					3a	(ii)   No b
4	Desc	ribe in Part XIII the intended uses	of the organization's	endowment fund	s			
Pai	rt VI	Land, Buildings, and Equip		- 000 5			5 000 B 1 V	
		Complete if the organization  Description of property	answered 'Yes' to	Form 990, Par (a)	t IV,	(b)	Accumulated	, line 10. (d)Book value
		= == = p. p. p. op o. c.		Cost or other		Cost or other bas		
	Land			, investille	0	, ,	84	11,825,084
	Buildin	gs	· ·			12,020,0		11,020,001
-					0	147,255,3	27 58,950,428	88,304,899
		nold improvements		•	0		0 0	
		nent		•	0	26,408,7	67 18,212,908	8,195,859
е	Other					Ī	1	I

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

116,565,184

(a) Description of security or catego	ory	( <b>b)</b> Book value	(c)Method of valuation
(including name of security)  (1)Financial derivatives			Cost or end-of-year market value
(2)Closely-held equity interests			
(3) O ther			
Fotal. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIIII Investments—Program Related. Complete if the organization answer	red 'Yes' on Form 99	n Part IV line 11c c	See Ferrer 000 Perit V June 12
(a) Description of investment	ed res on rorm 5.	(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 Non-noused (Voc)	S Forms OOO Down IV line	a 11 d Coo Form 000 Part V line 15
Part IX Other Assets. Complete if the organiza		n Form 990, Part IV , line	e 11d See Form 990, Part X, line 15  (b) Book value
Part IX Other Assets. Complete if the organiza	ition answered 'Yes' oi	n Form 990, Part IV, line	
Part IX Other Assets. Complete if the organiza	ition answered 'Yes' oi	n Form 990, Part IV, line	
Part IX Other Assets. Complete if the organiza	ition answered 'Yes' oi	n Form 990, Part IV , line	
Part IX Other Assets. Complete if the organiza	ition answered 'Yes' oi	n Form 990, Part IV, line	
Part IX Other Assets. Complete if the organiza	ition answered 'Yes' oi	n Form 990, Part IV, line	
Part IX Other Assets. Complete if the organiza	ition answered 'Yes' oi	n Form 990, Part IV, line	
Part IX Other Assets. Complete if the organiza	ition answered 'Yes' oi	n Form 990, Part IV, line	
Part IX Other Assets. Complete if the organiza	ition answered 'Yes' oi	n Form 990, Part IV, line	
Part IX Other Assets. Complete if the organiza	ition answered 'Yes' oi	n Form 990, Part IV, line	
Part IX Other Assets. Complete if the organiza	ition answered 'Yes' oi	n Form 990, Part IV, line	
(a) De  (a) De  Total. (Column (b) must equal Form 990, Part X, col (B) lim	ation answered 'Yes' or scription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lim  Part X Other Liabilities. Complete if the organization (a) De	ation answered 'Yes' or scription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lim  Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25.	ation answered 'Yes' or scription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25.  (a) Description of liability	ne 15 )	e	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) Impart X  Other Liabilities. Complete if the one See Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes	ne 15 )		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) Impart X  Other Liabilities. Complete if the one See Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes	ne 15 )		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) Impart X  Other Liabilities. Complete if the one See Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes	ne 15 )		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) Impart X  Other Liabilities. Complete if the one See Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes	ne 15 )		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) Impart X  Other Liabilities. Complete if the one See Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes	ne 15 )		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) Im  Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	ne 15 )		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) Im  Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	ne 15 )		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) Impart X  Other Liabilities. Complete if the one See Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes	ne 15 )		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) Impart X  Other Liabilities. Complete if the one See Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes	ne 15 )		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) Im  Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	ne 15 )		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) Im  Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	ne 15 )		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the organization of the organization of the part X, line 25.	ne 15 )		(b) Book value

Schedule D (Form 990) 2015

1

2

а

d

3

89,874,384

-42,046,888

-815

87,116,353

3	Subtract line <b>2e</b> from line <b>1</b>	3	131,921,27
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 57,129		
b	Other (Describe in Part XIII ) 4b -24,460		
c	Add lines <b>4a</b> and <b>4b</b>	4c	32,66
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	131,953,94
Part	<b>XII</b> Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
1	Total expenses and losses per audited financial statements	1	87.115.53

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments . . . .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Donated services and use of facilities .

Recoveries of prior year grants . . .

Donated services and use of facilities .

Prior year adjustments .

Other (Describe in Part XIII ) Add lines 2a through 2d .

Subtract line 2e from line 1 .

Other (Describe in Part XIII)

Add lines 2a through 2d . .

#### Add lines 4a and 4b . . . c

Investment expenses not included on Form 990, Part VIII, line 7b. 57.129 Other (Describe in Part XIII ) . . . . . . 4b 37,319,687

2a

2b

2c 2d

2a

2b

2c

2d

-4.701.926

-37,319,687

-25,275

-25,275

24,460

2e

3

2e

37,376,816 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . 124,493,169

Part XIII

Supplemental Information

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

information

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 treasures, and similar assets

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(Form 990 or

Treasury

As Filed Data -

DLN: 93493110008287

OMB No 1545-0047

Open to Public Inspection

## **Schools**

990-EZ) ▶Complete if the organization answered "Yes" on Form 990,

Part IV, line 13, or Form 990-EZ, Part VI, line 48.

▶ Attach to Form 990 or Form 990-EZ.

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

Service Name of the organization **Employer identification number** GANNON UNIVERSITY 25-0496976 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Yes 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? Yes 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 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes 4a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Yes 4c  $\mathbf{d}$  Copies of all material used by the organization or on its behalf to solicit contributions? Yes 4d If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo b Admissions policies? 5b Νo c Employment of faculty or administrative staff? **5**c Νo d Scholarships or other financial assistance? 54 Νo e Educational policies? Νo 5e f Use of facilities? Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes h Has the organization's right to such aid ever been revoked or suspended? **6b** Yes If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II Yes

Schedule E. Part I. Line 3

Page 2

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 6

Publication in Erie Times News each fall The University receives various federal grants directly from the US Department of Education, such as Pell Grants, Supplemental Education Opportunity Grants (SEOG), and College Work-Study funds The University also receives grants from the Commonw ealth of Pennsylvania, such as PHEAA Grants and the Institutional Assistance Grant (IAG) The University was awarded a federal capital contribution from the U.S. 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

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DLN: 93493110008287

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

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

n entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
GANNON UNIVERSITY

Employer identification number
25-0496976

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.

Form 990-F7 filers are not required to complete this part

(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) Amount 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 Cedar Rapids, IA 52406	Fundraising		No	192,792	141,361	51,431
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				192,792	141,361	51,431

3 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

FL. MO. PA

Pa	rt II Fundraising Events. Complete if the organization fundraising event contribution	ns and gross income	Form 990, Part IV, line on Form 990-EZ, line	18, or reported mor s 1 and 6b. List ever	re than \$15,000 of nts with gross		
	receipts greater than \$5,000	. <b>(a)</b> Event #1	<b>(b)</b> Event #2	(c)O ther events	(d) Total events		
		(event type)	(event type)	(total number)	(add col (a) through col (c))		
Reverkie							
Seve	1 Gross receipts						
_	2 Less Contributions						
	Gross income (line 1 minus						
	4 Cash prizes						
	5 Noncash prizes						
Se	6 Rent/facility costs						
Expenses	<b>7</b> Food and beverages						
	8 Entertainment						
Direct	9 Other direct expenses						
ā	10 Direct expense summary Add lines 4	through 9 in column (d	d)				
	11 Net income summary Subtract line 1	0 from line 3, column (	d)	<del>•</del>	<u> </u>		
Pal	Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on	Form 990, Part IV, line	19, or reported mo	re than \$15,000 on		
Revenue		(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d) Total gaming (add col (a) through col (c))		
<u>~</u>	1 Gross revenue						
ses	2 Cash prizes						
Expen	<b>3</b> Noncash prizes						
Direct	4 Rent/facility costs						
<u> </u>	5 Other direct expenses						
		<b>☐ Yes</b>	┌ Yes%_	<b>☐ Yes</b> %			
	6 Volunteer labor	☐ No	☐ No	No			
	7 Direct expense summary Add lines 2	2 through 5 ın column (ı	d)				
	8 Net gaming income summary Subtra	ct line 7 from line 1, co	lumn (d)				
9 a	Enter the state(s) in which the organizat	Yes No					
b	If "No," explain						
10a	Were any of the organization's gaming li	Yes No					
Ь	If "Yes," explain						

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493110008287 OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number **GANNON UNIVERSITY** 25-0496976 **General Information on Grants and Assistance** Part I 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 Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 (a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) (1) City of Erie 25-6000857 200,000 Fire and emergency 626 State Street support Erie, PA 16501 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2015

Schedule I (Form 990) 2015

Part IV Supplemental Informat	t <b>ion.</b> Provide the info	rmation required in P	art I, line 2, Part III,	column (b), and any other	additional information.

Return Reference Explanation Schedule I, Part I, Line 2 Schedule I, Part I, Line 2 - 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. Award 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

Page 2

Schedule J (Form 990)

Department of the

**Compensation Information** 

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

**Compensated Employees** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

DLN: 93493110008287 OMB No 1545-0047

Open to Public

nterr	nal Revenue Service					EGUO	
	me of the organization NNON UNIVERSITY			Employer identificati	on nur	nber	
				25-0496976			
Pa	rt I Questions Regarding Compensation						
						Yes	No
1a	Check the appropiate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III t						
	First-class or charter travel	<b>✓</b>	Housing allowance or residence for	r personal use			
	▼ Travel for companions		Payments for business use of pers	sonal residence			
	▼ Tax idemnification and gross-up payments	<b>~</b>	Health or social club dues or initia	ition fees			
	Discretionary spending account		Personal services (e g , maid, cha	uffeur, chef)			 
b	If any of the boxes in line 1a are checked, did the org reimbursement or provision of all of the expenses des				1b	Yes	
2	Did the organization require substantiation prior to re directors, trustees, officers, including the CEO/Execu				2	Yes	
3	Indicate which, if any, of the following the filing organi organization's CEO/Executive Director Check all tha used by a related organization to establish compensa	at apply	Do not check any boxes for metho	ods			
	✓ Compensation committee		Written employment contract				
	✓ Independent compensation consultant	<b>✓</b>	Compensation survey or study				ļ
	▼ Form 990 of other organizations	~	Approval by the board or compens	ation committee	l I		l I
4	During the year, did any person listed on Form 990, P 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 p	aymen	t?		4a		Νo
b	Participate in, or receive payment from, a supplement	tal none	qualified retirement plan?		4b		Νo
c	Participate in, or receive payment from, an equity-bas	sed cor	npensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	vide th	e applicable amounts for each item	ın Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizati	ons mu	ist complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a	i, did the organization pay or accrue	any			
а	The organization?				5a		Νo
b	Any related organization?				5b		Νo
	If "Yes," on line 5a or 5b, describe in Part III						
6	For persons listed on Form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a	, did the organization pay or accrue	any			
а	The organization?				<b>6</b> a		No
b	Any related organization?				6b		Νo
	If "Yes," on line 6a or 6b, describe in Part III						
7	For persons listed on Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," de			on-fixed	7	Yes	
8	Were any amounts reported on Form 990, Part VII, pasubject to the initial contract exception described in In Part III				8		No
9	If "Yes" on line 8, did the organization also follow the section 53 4958-6(c)?	rebutta	able presumption procedure describ	ed in Regulations	9		

rage Z								
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.								
ınstructions, on row (II) Do not list ar	tion must be reported on Schedule J, report compensation from the ony individuals that are not listed on Form 990, Part VII for each listed individual must equal the total amount of Form 990, F	.,	-	·				
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in			

Page 2

Schedule J (Form 990) 2015

(A) Name and Title	(B) Breakdown o	) Breakdown of W-2 and/or 1099-MISC compensation			( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation in
	B	(ii)	(ıiı)	other deferred	benefits	(B)(ı)-(D)	column(B) reported
	Base (1) compensation	Bonus & incentive	Other reportable	compensation			as deferred on prior
	(1) compensation	compensation	compensation				Form 990

Schedule 1 (Form 990) 2015

See Additional Data Table

Schedule J (Form 990) 2015	Page <b>3</b>						
Part III Supplemental Information							
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information							
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 Advancement. The memberships are used for business purposes of the University.						
Schedule J, Part I, Line 7	Bonus payments to officers based on performance						

Schedule J (Form 990) 2015

**Software ID:** 15000352 **Software Version:** v1.00

**EIN:** 25-0496976

Name: GANNON UNIVERSITY

Form 990, Schedule J, Pa	art:	II - Officers, Direc	tors, Trustees, Ke	ey Employees, and	l Highest Compen	sated Employees	<u> </u>	
<b>(A)</b> Name and Title		(B) Breakdown o  (i)  Base Compensation	f W-2 and/or 1099-MI:  (ii)  Bonus & Incentive compensation	onus & Other reportable		<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1Keith TaylorPresident	(1)	324,253		53,874	18,550	22,244	418,921	0
	(11)	U	0	0	0	0	- 0	0
1Linda Wagner Vice President Finance and	(1)	202,314	1,000	2,245	21,059	67,242	293,860	0
Administration	(11)	0	0	0	0	-		0
2Carolynn Masters Provost and VP for Academic	(1)	192,973	1,000	1,845	13,916	20,503	230,237	0
Affairs, 4 months of fiscal year	(11)	0	0	0	0		- 0	0
3Steve Mauro Provost and VP for Academic	(1)	143,048	0	300	10,178	18,214	171,740	0
Affairs, 8 months of fiscal year	(11)	0	0	0	0			0
4Jack Sims Vice President University	(1)	162,217	1,000	5,199	11,522	7,738	187,676	0
Advancement	(11)	0	0	0	0			0
5Bill Edmondson Vice President Enrollment	(1)	160,332	1,000	523	11,572	72,578	246,005	0
vice President Enrollment	(11)	0	0	0	0			0
6Ralph Nichols	(1)	142,005	1,000	714	10,431	18,591	172,741	0
VP Student Development and Engagement	(11)	0	0	0	0			0
7Mahesh Aggarwal	(1)	253,744	0	2,821	11,712	6,620	274,897	0
Mechanical Engineering Faculty	(11)	0	0	0	0			0
8Mike Panza Mechanical Engineering	(1)	178,883	0	2,912	11,531	14,406	207,732	0
Faculty	(11)	0	0	0	0			0
9Fong Mak	(1)	146,725	0	898	10,660	11,870	170,153	0
Electrical and Computer Engineering Faculty	(11)	0	0	0	0			0
10William L Scheller	(1)	144,001	0	1,317	10,315	18,731	174,364	0
Dean of College of Business and Engineering	(11)	0	0	0	0			0
11Michael Messina	(1)	140,496	0	1,390	10,744	19,685	172,315	0
Professor, Marketing Department	(11)	0	0	0	0	-		0
12Linda Fleming Frmr Provost/VP Acad Affairs,	(1)	128,519	0	609	9,113	1,641	139,882	0
current Dean of CHESS	(11)	0	0	0	0	0	- 0	0

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

**Supplemental Information on Tax Exempt Bonds** ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions,

DLN: 93493110008287 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury

Schedule K

(Form 990)

Internal Revenue Service

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.

Name of the organization

Employer identification number

	NNON UNIVERSITY										-04969								
	art I Bond Issues									·									
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issue	(e) Issue price		f) Description of purpose		) Description of purpose		ce <b>(f)</b> Description of purpos		<b>(g)</b> De	feased		On alf of uer		Pool ncing
_										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 P	art VI			×		×		X				
В	City of Erie Higher Education Building Authority	25-1536711	295437GD2	07-28-2010	8,50	00,000	See Part VI				Х		Х		Х				
С	City of Erie Higher Education Building Authority	25-1536711	295437GD2	08-04-2010	11,51	17,819	See Part VI			х		Х		Х					
D	City of Erie Higher Education Building Authority	25-1536711		05-01-2012	3,21	18,000	See P	art VI			х		Х		Х				
P	art III Proceeds				_														
					ļ	A		E	3		С			D					
_1						5,500				1,045,000			1,993,000						
_2		ased					0		0			0			0				
Total proceeds of issue					22,099	,296		8,500,000		11,51	7,819		3	,218,000					
4	4 Gross proceeds in reserve funds					2,022	,265		425,586		8 5	3,173			0				
5	5 Capitalized interest from proceeds					<u> </u>	0		0			9,735			0				
6							0		0	0		0	0						
7	Issuance costs from proceed	s				237	7,928 0			3 2	4,444			33,189					
8						464	64,098 0		0		0								
9	Working capital expenditures	from proceeds					0		0	0		0							
10	Capital expenditures from pro	oceeds				19,501	,145		8,087,536	9,870,452		0,452	0						
11	Other spent proceeds						0		0			0		3	,184,811				
12	Other unspent proceeds						0		0	0		0	<del>                                     </del>						
13	Year of substantial completio	n			20	009		20	11	2011				2012					
					Yes	No	)	Yes	No	Yes	١	No	Yes	;	No				
14	Were the bonds issued as par	t of a current refund	ıngıssue?			Х			Х			x	Х						
15	Were the bonds issued as par	t of an advance refu	ndıng ıssue?			Х			Х			х			X				
16	Has the final allocation of pro	ceeds been made? .			х			Х		Х			Х						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				х			х		х			Х						
P	art III Private Business l	Jse																	
					Yes	A No		Yes	No	Yes	C .	No	Yes	. D	No				
					res	l No	'	t es	INO	T e5		10	res	•	INO				

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 bondΧ

Χ

Х

Χ

Х

				ı	E	3		С		<u> </u>
			Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private bus of bond-financed property?	iness use	×			х		X		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other									
prope	counsel to review any management or service contracts relating to the finance erty?	ea	X							
С	Are there any research agreements that may result in private business use of financed property?	bond-		Х		Х		Х		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or oth counsel to review any research agreements relating to the financed property?	ner outside								
4	Enter the percentage of financed property used in a private business use by eighther 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 unrelated trade or business activity carried on by your organization, another s 501(c)(3) organization, or a state or local government	ection		0 %		0 %		0 %		
6	Total of lines 4 and 5			4 5 %		0 %		0 %		
7	Does the bond issue meet the private security or payment test?			Х		Х		Х	X	
8a	nongovernmental person other than a 501(c)(3) organization since the bonds were issued?			x		Х		Х		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disp	posed of								
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sec 1 141-12 and 1 145-2?	tions								
9	Has the organization established written procedures to ensure that all nonquabonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	lified	×		×		x			
Par	t IV Arbitrage									
		А			В		С		D	
	_	Yes	No	Yes	No	Ye	s	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	X			X			Х		X
2	If "No" to line 1, did the following apply?									
a	Rebate not due yet?				X			Х		X
b	Exception to rebate?			Х		X			Х	
С	No rebate due?				X			Х		X
	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	X				Х	Х	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		×		х			х		Х
b	Name of provider									
С	Term of hedge									
d	Was the hedge superintegrated?									
e	Was the hedge terminated?									

Building Authority

Page 3

D

			Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds inv contract (GIC)?	rested in a guaranteed investment	X			×		x		×
b	Name of provider		Trinity Plus F	unding						
С	Term of GIC			1880 %						
d		harbor for establishing the fair market d?	Х							
6	Were any gross proceeds period?	s invested beyond an available temporary		X		×		x		×
7	Has the organization est the requirements of sect	ablished written procedures to monitor	х		х		х		х	
Pai	t V Procedures To	Undertake Corrective Action								
					В		С		D	
			^							
			Yes	No	Yes	No	Yes	No	Yes	No
	that violations of federal and corrected through th	ablished written procedures to ensure tax requirements are timely identified ne voluntary closing agreement program if vailable under applicable regulations?	Yes	No	_	No	Yes	No		No
Pa	that violations of federal and corrected through th self-remediation is not a	tax requirements are timely identified ne voluntary closing agreement program if	х		Yes X		х		Yes	No
Pa	that violations of federal and corrected through th self-remediation is not a	tax requirements are timely identified ne voluntary closing agreement program if vailable under applicable regulations?	х		Yes X		х		Yes	No

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

В

Return Reference	Explanation
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) costs relating to the issuance of the Series 2010 bonds.

Return Reference	Explanation
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) costs relating to the issuance of the Series 2010 bonds.

Return Reference	Explanation
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

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule K

**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.

2015

DLN: 93493110008287 OMB No 1545-0047

Open to Public

Employer identification number

Department of the Treasury

(Form 990)

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

**GANNON UNIVERSITY** 

Internal Revenue Service Name of the organization

25-0496976 Part I **Bond Issues** (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (g) Defeased (h) On (i) Pool behalf of financing ıssuer Yes No Yes No Yes No City of Erie Higher Education 25-1536711 295435BA8 04-25-2013 15,758,896 | See Part VI Χ Х Building Authority City of Erie Higher Education 25-1536711 06-17-2013 5,500,000 | See Part VI Х Х Building Authority **Proceeds** Part II С 0 795,000 2 Total proceeds of issue 3 15,758,896 5,500,000 1,091,302 5 0 6 0 7 208,896 0 8 0 9 0 10 14,500,000 11 5,500,000 12 13 2014 2013 Yes Yes No No Yes Yes No No Were the bonds issued as part of a current refunding issue? . . . . Х Х 14 Were the bonds issued as part of an advance refunding issue? . . . . . 15 Χ Χ 16 Χ Х Does the organization maintain adequate books and records to support the final 17 allocation of proceeds? Χ Χ Part IIII Private Business Use C Α В D Yes Nο Yes No Yes No Yes No

## For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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 bondХ

Χ

Χ

			ı	4	l	В	_	С	[	
			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?	usiness use		×	Х					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the finan	I			×					
prope	· · · · · · · · · · · · · · · · · · ·									
С	Are there any research agreements that may result in private business use financed property?	of bond-		×		×				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed property	I								
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.			0 %		4 5 %				
5	Enter the percentage of financed property used in a private business use as unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government	section		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				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or d	isposed of								
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations s	ections								
9	Has the organization established written procedures to ensure that all nonque bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		Х		Х					
Par	t IV Arbitrage	•								
	<del></del>	Α			В		С		D	
		Yes	No	Yes	No	Ye	s	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		Х		×					
2	If "No" to line 1, did the following apply?									
а	Rebate not due yet?		Х	Х						
b	Exception to rebate?	Х			Х					
С	No rebate due?		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						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х		X					
b	Name of provider									
С	Term of hedge									
d	Was the hedge superintegrated?									
e	Was the hedge terminated?									
				•		-	1	Calaadi	ulo V /Form C	2015

D

			Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?			Х		×				
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?			х		×				
7	Has the organization established written procedures to monitor the requirements of section 148?				×					
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?			×		×					
Pa	rt VI Supplement	tal Information. Provide additional informa	ation for resp	ponses to que	estions on So	chedule K (se	ee instructioi	ns).		
	Return Reference Explanation									
04/2 City	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, and (iii) the payment of the costs of issuing the Series 2013 Bonds					on				

Α

В

С

Return Reference	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.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - |
Schedule L | Transactions with Inter

DLN: 93493110008287

**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.

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

Name of the or GANNON UNIVERS								En	ıploye	r identii	fication	number	,
Part I Exce	oss Bonofii	t Tran	scastion	C (anation	F01/a\/2\ a.	aatian F01/a)	(4), and 501(c		-049		(براهم		
							(4), and 501(c !5a or 25b, or					<b>4</b> 0b	
<b>1 (a)</b> Nam	(a) Name of disqualified pe			<b>(b)</b> Rel	•	ween disqualit ganization	een disqualified person and			(c) Description of transaction			ected?
						yamzation		+	trans	action		Yes	No
								-					
								+					
								+					
								-					
<b>2</b> Enter the a 4958.	amount of tax	incurre	ed by orga	nızatıon ma • • •	nagers or dis	qualified pers	ons during the	year u	ınder s	section ► \$ .			
<b>3</b> Enter the a	amount of tax	, ıf any,	, on line 2,	above, reir	nbursed by tl	he organizatio	n			<b>&gt;</b> \$			
Down II I o		1/	T		Davasas					•			
Part II Lo	ans to and	<b>1/OF F</b> organız	zation ansv	vered "Yes'	' on Form 99	0-EZ, Part V ,	line 38a, or Fo	rm 99	0, Par	t IV , lın	e 26, o	r ıf the	
	janization rep												
(a) Name of	(b) Relation:	ship	(c)	(d) Loan t	:0	(e)Original	(f)Balance	(g)	In	(h)	)	(i)Written	
ınterested	ested with		Purpose of		e	principal	due	default?		Approved		agreem	
person			on loan o	organizatio	n /	amount				by board or committee?			
				То	From			Yes No		Yes No		Yes	No
_													
Total			<b>▶</b> \$										
	ants or Ass						rt IV, line 27.						
(a) Name of			elationshi			of assistance			stance	(e)	Purpos	e of assi	stance
perso	on	ıntere	ested pers										
			organizat	.1011									
For Paperwork Re	duction Act No	otice, se	ee the Instr	uctions for	l Form 990 or 9	90-EZ. (	 Cat No 50056A		Sched	lule L (Fe	orm 990	or 990-l	EZ) 2015

Schedule L (Form 990 or 990-EZ) 2015

Page 2

(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Mary Jean Taylor	President's spouse	71,404	Salary/fringes as Wellness Director		No

**Explanation** 

Return Reference

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

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE M** 

DLN: 93493110008287

OMB No 1545-0047

Open to Public Inspection

## **Noncash Contributions**

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

Treasury Internal Revenue Service

Department of the

(Form 990)

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

Employer identification number Name of the organization GANNON UNIVERSĪTY 25-0496976 **Types of Property** Part I (a) (b) (c) (d) Number of contributions Check Noncash contribution Method of determining ١f or items contributed amounts reported on noncash contribution amounts applicable Form 990, Part VIII, line 1 g Art—Works of art . . Art—Historical treasures 3 Art—Fractional interests Books and publications Clothing and household goods . . . . . Cars and other vehicles Boats and planes . . Intellectual property . . Securities-Publicly traded . 142,134 FMV **10** Securities—Closely held stock Securities—Partnership, LLC, or trust interests . . . Securities—Miscellaneous . 13 Qualified conservation contribution—Historic structures . . . **14** Qualified conservation contribution-Other . 87,000 APPRAISAL 15 Real estate—Residential . 16 Real estate—Commercial . Real estate—Other . **18** Collectibles . . . . Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy . . . . 22 Historical artifacts . . . 23 Scientific specimens . . Archeological artifacts . 348 PURCHASE COST **25** Other ▶ ( Х 1 HALL OF FAME DINNER SUPPLIES 150 APPRAISAL 26 Other ▶ ( FURNITURE ) **27** Other ▶ (\_\_ 28 Other ▶ (\_ Number of Forms 8283 received by the organization during the tax year for contributions 0 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . 30a Νo **b** If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . 32a Yes

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

**b** If "Yes," describe in Part II

describe in Part II

Schedule M (Form 990) (2015)

Schedule M, Part I, Line 32b Stock brokers hired to sell stock gifts

## 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.

► 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.

2015
Open to Public Inspection

990 Schedule O, Supplemental Information

(Form 990 or

Department of the

Internal Revenue Service

Name of the organization GANNON UNIVERSITY

990-EZ)

Treasurv

Employer identification number

25-0496976

Return Reference	Explanation				
Form 990, Part VI, Section B, Line 11b	Form 990, Part VI, Section B, Line 11b - A copy of Form 990 is provided to all members of the Board of Trustees before it is filed. The Audit Subcommittee of the Board of Trustees is delegated the responsibility of review of the Form 990 before it is filed. The University's independent audit firm (Baker Tilly Virchow Krause) also reviews the form				
Form 990, Part VI, Section B, Line 12c	Form 990, Part VI, Section B, Line 12c - 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 gathere d 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 erequired to sign a conflict of interest form upon hire. If any relationships are disclosed, a copy of the form is sent to and analyzed 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 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.				

990 Schedule O, Supplemental Information

Return

Line 19

Reference	
Form 990, Part	Form 990, Part VI, Section B, Line 15 - The Evaluation / Executive Compensation Committee of the Board of Trustees meet
VI, Section B,	regularly to consider the compensation packages of the President and Vice Presidents and to approve any changes to
Line 15	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

Explanation

independent compensation consultant. Minutes are kept for Committee meetings Form 990, Part Form 990, Part VI, Section C, Line 19 - The University makes its governing documents, conf VI. Section C.

licts of interest policy, and financial statements available to the public upon request