DLN: 93493130051159 OMB No 1545-0047 **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 Open to Public Department of the Treasury ▶ Information about Form 990 and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a> Inspection Internal Revenue Service A For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018 D Employer identification number B Check if applicable GANNON UNIVERSITY ☐ Address change 25-0496976 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) 109 University Square ☐ Application pending (814) 871-7213 City or town, state or province, country, and ZIP or foreign postal code  $\mbox{\it Erie}, \, \mbox{\it PA} \,\,\, 16541$ **G** Gross receipts \$ 230,696,577 Name and address of principal officer H(a) Is this a group return for Keith Taylor ☐Yes **☑**No subordinates? 109 University Square H(b) Are all subordinates Erie, PA 16541 ☐ Yes ☐No included? Tax-exempt status **✓** 501(c)(3) 501(c)( ) **◄** (insert no ) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► www gannon edu L Year of formation 1925 M State of legal domicile PA K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ 1 Briefly describe the organization's mission or most significant activities Higher Education (enrollment 4,149) Gannon is a Catholic, Diocesan university offering a comprehensive, values-centered learning experience that emphasizes faith, leadership, inclusiveness and social responsibility. Our faculty and staff prepare students to be global Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 35 5 2,152 Total number of individuals employed in calendar year 2017 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . . . 6 40 Total unrelated business revenue from Part VIII, column (C), line 12 88,417 b Net unrelated business taxable income from Form 990-T, line 34 7h **Current Year** 8 Contributions and grants (Part VIII, line 1h) . 13,200,861 5,853,336 119,871,480 121,980,754 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . 2,177,545 6,422,240 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,045,564 781,341 136,295,450 135,037,671 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 39,280,959 42,396,289 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . . 61,722,586 57,775,546 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) . 116,740 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶1,715,004 29,958,303 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 35,146,167 130,130,138 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 136,266,452 4,907,533 Revenue less expenses Subtract line 18 from line 12 . 28,998 Net Assets or Fund Balances Beginning of Current Year **End of Year** 243,018,559 263,669,903 20 Total assets (Part X, line 16) . 102,154,526 21 Total liabilities (Part X, line 26) . 85,136,972 157,881,587 161,515,377 Net assets or fund balances Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-05-10 Signature of officer Sian Here Valerie Bacik Vice President Planning and Finance Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf Paid self-employed Firm's name Firm's EIN > **Preparer** Firm's address Phone no **Use Only** ☐ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions)

Form **990** (2017)

Cat No 11282Y

For Paperwork Reduction Act Notice, see the separate instructions.

**Checklist of Required Schedules** 

Page 3

No

No

Nο

No

Nο

Nο

Nο

Nο

No

Nο

Nο

No

No

No

No

Nο

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Yes

Yes

Yes

Yes

Yes

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assessments, or similar amounts as defined in Revenue Procedure 98-19? 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? Did the organization receive or hold a conservation easement, including easements to preserve open space,

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 6 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? Yes

R 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 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 11a

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . . . . . . . . . 11b Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its 11c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X

12a 12b

12a Did the organization obtain separate, independent audited financial statements for the tax year? 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

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

**14a** Did the organization maintain an office, employees, or agents outside of the United States? . . .

13 14a **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 14b

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . . . . .

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 . . . . . .

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

15 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . 16

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Yes

Form 990 (2017)

Yes

Yes

Nο

Nο

Nο

No

Nο

Nο

Nο

Nο

No

Nο

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
Ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

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

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

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

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

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

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

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

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

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

instructions for applicable filing thresholds, conditions, and exceptions)

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

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

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . . . . . . . . .

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 4,796			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and  Tax Statements, filed for the calendar year ending with or within the year covered by			
L	this return	2b	Yes	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	163	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country   See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			NO
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6</b> b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12   10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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Part	Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No" 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	·	nse to li	nes
Se	Check if Schedule O contains a response or note to any line in this Part VI	•	• •	
1a	Enter the number of voting members of the governing body at the end of the tax year   1a   38		Yes	No
	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 35			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	The governing body?	8a	Yes	
	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
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		NI -
0-	Did the amount of heart lead the other handles and officers.	10-	Yes	No No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990	11a	Yes	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	ıza	res	
	conflicts?	12b	Yes	
	Schedule O how this was done	12c	Yes Yes	
.3	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?	-7	163	
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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		
<u>Se</u> .7	ction C. Disclosure  List the States with which a copy of this Form 990 is required to be filed▶			
	Elst the States with which a copy of this form 990 is required to be filed FL , PA  Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply  Own website. Another's website. Upon request. Other (explain in Schedule O)			
L9	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  David A Niemira 109 University Square Erie, PA 16541 (814) 871-7213			

orm 990 (2	2017)										Page <b>7</b>
Part VII	Compensation of Officer and Independent Contra		Truste	es, I	Key	En	ploy	ees	, Highest Comp	ensated Employ	rees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	hıs l	Part VI	Ι.			<u> </u>
Section	A. Officers, Directors, Tru	stees, Key E	mploy	ees,	, an	d H	lighe	st C	Compensated En	nployees	
L <b>a</b> Complet rear	e this table for all persons require	ed to be listed	Report o	omp	ensa	tion	for th	e ca	lendar year ending	with or within the o	rganızatıon's tax
	of the organization's <b>current</b> off ation Enter -0- in columns (D), (							als o	or organizations), re	gardless of amount	
	of the organization's <b>current</b> key		•								
vho receive	organization's five <b>current</b> high d reportable compensation (Box n and any related organizations										
	of the organization's <b>former</b> office e compensation from the organiz						pensat	ed e	employees who rece	ived more than \$10	0,000
<ul> <li>List all e organization</li> </ul>	of the organization's <b>former dire</b> n, more than \$10,000 of reportab	ectors or trusto le compensation	ees tha n from t	t rece he or	gan	l, in izati	the ca	paci any	ity as a former direc y related organizatio	tor or trustee of the ons	•
	in the following order individua d employees, and former such p		ectors,	ınstıtı	utior	nal ti	rustee	s, of	ficers, key employe	es, highest	
☐ Check t	this box if neither the organizatio	n nor any relate	d orgar	nzatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	
	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related	,	ne bo	ox, ι n of or/t	t che inles ficer ruste	s pers and a ee)	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2,2000 (1200)	MISC)	related organizations
See Addıtıon	al Data Table										
				l	l		l	ı			

Page **8** 

Form 990 (	· · ·														Page <b>8</b>
Part VII	Section A. Officers, Direc	tors, Trustees	, Key	Empl	loye	es,	and	Higl	nest Co	mpens	ate	d Employees	(con	tinued)	
	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related		one b	ox, u in off tor/t	t che inles ficer rust	ss pers and a ee)	son	Rep comp fro organi:	(D) portable pensation om the zation ( 99-MISC	n W-	(E) Reportable compensation from related organizations (W- 2/1099-MISC)		(F) Estimated amount of othe compensation from the organization ar	
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2,103	99-14130	-)	2/1093-11130		relat organiza	ed
See Addition	nal Data Table														
													$\perp$		
c Total f	otal	art VII, Sectio	nΑ.				•			700 540					
						l				,790,513	<u> </u>	20.000	0		544,279
	I number of individuals (including portable compensation from the			e listi	ed ai	DOV	e) wnc	rec	eivea ma	ore than	1 \$10	00,000			
	the organization list any <b>former</b> 1a <sup>7</sup> If "Yes," complete Schedule .			ee, k			oyee,	or hı	ghest co	mpensa	ited	employee on	3	Yes	No No
orga	any individual listed on line 1a, is nization and related organization vidual	the sum of repositions	ortable (	comp 0? <i>If</i>	ensa "Yes	itior ," co	and o	other te Sc	comper chedule d	nsation i	from :h	the			
<b>5</b> Did a	any person listed on line 1a recei					,			_	ation or	ındı	ıdual for	4		
	n B. Independent Contract		ete stri	euuie	: 5 10	11 Su	icii pei	3011			-	· · ·	5		No
<b>1</b> Com	plete this table for your five high the organization Report compe	est compensate											nper	nsation	
	Name a	(A) and business addre	ess	•						,	Descr	(B) Iption of services		(C Comper	) nsation
Metz & Assoc	ciates Ltd											provider		9	,288,741
Two Woodlar Dallas, PA 1	18612														
Crossroads ( PO Box 1109	Construction Co									General	Cont	ractor		4	,667,262
akeland, FL Building Syst										General	cont	ractor		3	,533,972
7335 Old Pei Erie, PA 165	rry Highway 509														
Bonded Serv	rices Corp									Cleaning	g ser	/ICes		1	,533,957
4859 Pacıfıc Erıe, PA 165 Erıe Parkıng	506									Parking	spac	e rental			999,081
- 25 East 10th												•			,
2nd Floor Erie, PA 165	501														

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 14

Part		Statement of	Revenue							rage <b>3</b>
				a respo	onse or note to any l	ine in this Pai	rt VIII			🗆
						(A) Total revenu		(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1:	a Federated campaigi	ns	1a	0			revenue		512-514
nts nts		<b>b</b> Membership dues		1b	<u> </u>					
irai 10 u		c Fundraising events		1c	<u> </u>					
S. G An		d Related organizatio		1d	<u> </u>					
iii. Iar		e Government grants (co			2,334,115					
imi		f All other contributions,	•	1e	2,334,113 I					
lion r S		and similar amounts no above	ot included	1f	3,519,221					
Contributions, Gifts, Grants and Other Similar Amounts		g Noncash contribution	ons included							
Contr and C		ın lınes 1a-1f \$		690	<u>,409</u>					
<u>ة</u> ك	ַ_ר	n Total.Add lines 1a-1	f		<u> </u>	5,853,3	36			
He .					Business	Code				
ven	<b>2</b> a	Tuition and Fees				611310	108,04			0 0
å.	b	Auxiliary Enterprises				611310	13,93	32,050 13,93	2,050	0 0
Service Revenue	С	:								
**	d									
ranı	e							0	0	0 0
Program		All other program se			121,9	80,754		·	·	
۵		Total.Add lines 2a-2f			<u> </u>	1			Γ	
		Investment income (ii similar amounts) .			interest, and other	1,8	36,255	C	0	1,836,255
	4	Income from investme	ent of tax-exe	mpt b	ond proceeds 🕨	3	31,588	0	0	331,588
	5	Royalties			•		0	C	0	0
			(ı) Rea		(II) Personal					
	6a	Gross rents		40,252	0					
	Ŀ	Less rental expenses		2,923		1				
				27.220						
	C	Rental income or (loss)		37,329	0					
	c	Net rental income of	r (loss)			1	37,329	C	0	37,329
			(ı) Securit	ies	(II) Other					
	7a	Gross amount from sales of assets other than inventory	99,9	10,380	0					
	Ŀ	Less cost or other basis and sales expenses	95,6	55,983	0					
		Gain or (loss)	4,2	54,397	0	[				
		l Net gain or (loss) .		•	<u> </u>	4,2	54,397	0	0	4,254,397
Other Revenue	<b>8</b> a	Gross income from fu (not including \$ contributions reporte See Part IV, line 18	od on line 1c)		0					
Re	Ŀ	Less direct expenses	s	b	0					
eľ	c	Net income or (loss)	from fundrais	ing ev	ents	· 	0		0	0
Oth	9a	Gross income from g See Part IV, line 19			0					
	ŀ	Less direct expense:	5	a b	0					
		: Net income or (loss)			les	l	0	C	0	0
		aGross sales of invent returns and allowand	ory, less	a						
	Ŀ	Less cost of goods s	old	b						
		Net income or (loss)		ınvent	tory ►	ı	0	C	0	0
		Miscellaneous			Business Code					
	11	aBookstore Commissi	ions		900099	1	23,830	123,830	0	o
	Ŀ	Advertising			541800		66,029	C	66,029	0
	c	Personal Printing			323100		22,388	C	22,388	0
	c	d All other revenue .				5	31,765	531,765	0	0
	6	Total. Add lines 11a	-11d		•	_	44.013			
	12	<b>2 Total revenue.</b> See	Instructions				44,012			
						135,0	37,671	122,636,349	88,417	6,459,569 Form <b>990</b> (2017)

Form 990 (2017)				Page <b>10</b>
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	inizations must comp	elete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	150,000	150,000		
2 Grants and other assistance to domestic individuals See Part IV, line 22	42,246,289	42,246,289		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0	0		
4 Benefits paid to or for members	0	0		_
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,605,814	694,489	727,500	183,825
<b>6</b> 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
<b>7</b> Other salaries and wages	40,179,311	35,475,121	3,863,096	841,094
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,759,383	2,167,183	526,906	65,294
9 Other employee benefits	10,104,690	9,201,291	655,829	247,570
<b>10</b> Payroll taxes	3,126,348	2,484,477	565,274	76,597
11 Fees for services (non-employees)				
a Management	0	0	0	0
<b>b</b> Legal	101,141	9,671	91,470	0
c Accounting	67,600	0	67,600	0

18 Payments of travel or entertainment expenses for any

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

25 Total functional expenses. Add lines 1 through 24e
 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)

federal, state, or local public officials .

19 Conferences, conventions, and meetings .

22 Depreciation, depletion, and amortization .

g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)

**f** Investment management fees . . . .

**12** Advertising and promotion . . .

13 Office expenses . .

14 Information technology

**20** Interest . . . .

23 Insurance . .

a Cafeteria

21 Payments to affiliates . . .

expenses on Schedule O )

**b** Equipment Maintenance

c Indirect Cost Allocation

e All other expenses

d Maintenance of Plant Allocation

15 Royalties .

**17** Travel .

16 Occupancy .

0

0

0

32,833

1,311,383

1,655,540

1,759,415

3,540,158

2,374,609

1,018,136

2,597,378

5,359,667

2,822,695

1,488,260

5,046,476

130,130,138

0

0

783,012

0

0

0

499,769

1,069,602

369,723

818,561

931,563

2,597,378

4,854,914

2,822,695

1,197,583

343,287

3,442,078

3,560,166

117,298,392

231,558

2,130,994

0

32,833

811,362

549,956

1,389,692

2,721,597

143,023

50,307

504,753

551,454

280,046

-343,287

-3,442,078

1,369,409

11,116,742

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10,631

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116,901

1,715,004

Form 990 (2017)

35,982

100,592

36,266

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20

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24

25

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

(B)

End of year

Page **11** 

4,225

0

0

986.380

133,464,469

101.130.470

272,186

0

0

0

0

0

0

0

2.441.494

102,154,526

117.565.950

11,467,857

32.481.570

161,515,377

263.669.903

Form **990** (2017)

2.033.434

263,669,903

12,808,846 0

86,904,186

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

Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other

basis Complete Part VI of Schedule D

Intangible assets . . . . .

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Unrestricted net assets

Accounts payable and accrued expenses

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Investments-program-related See Part IV, line 11

Other assets See Part IV, line 11 . . . . .

Tax-exempt bond liabilities . . . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

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

and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . .

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

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

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

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

key employees, highest compensated employees, and disqualified

Unsecured notes and loans payable to unrelated third parties .

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

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

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Less accumulated depreciation

1	Cash-non-interest-bearing	4,475	1	4,225
2	Savings and temporary cash investments	24,611,513	2	21,244,448
3	Pledges and grants receivable, net	2,956,693	3	1,942,627
4	Accounts receivable, net	1,355,798	4	2,591,664

222,707,466

89.242.997

(A)

Beginning of year

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10c

11

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13

15

16

17

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21

23

24

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27

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29

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31

32

33

34

492.322

127,524,607

83.621.100

272.355

0 14

0 18

٥ 19

0 22

0

2.179.696

243.018.559

15,844,972

66,717,379

2.574.621

85,136,972

115.866.479

10.459.439

31.555.669

157,881,587

243.018.559

3 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part 0 5

4 II of Schedule L . . . . . . . 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) 0 6

10a

10b

voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Assets Notes and loans receivable, net . Inventories for sale or use .

Page **12** 

Yes

Yes

Yes

Yes

Yes Form 990 (2017)

2a

2b

2c

3a

3b

No

Nο

Form 990 (2017)

Part XII

Schedule O

**Financial Statements and Reporting** 

**1** Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

Separate basis

consolidated basis, or both ✓ Separate basis

Audit Act and OMB Circular A-133?

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

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

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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

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

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

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

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?

3	Revenue less expenses Subtract line 2 from line 1	3	4,907,533
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	157,881,587
5	Net unrealized gains (losses) on investments	5	-1,273,743
6	Donated services and use of facilities	6	(
7	Investment expenses	7	(

5	Net unrealized gains (losses) on investments	5	-1,273,743
6	Donated services and use of facilities	6	C
7	Investment expenses	7	(
8	Prior period adjustments	8	(
9	Other changes in net assets or fund balances (explain in Schedule O)	9	(
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)	10	161,515,377

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

### **Additional Data**

**Software ID:** 17005980 Software Version: v1.00

**EIN:** 25-0496976

Name: GANNON UNIVERSITY

Form 990 (2017)

students. The University employs approximately 229 full-time and 161 part-time faculty members.

Form 990, Part III, Line 4a:

Instruction & Other Supported Programs Gannon University is an institution of higher education providing associate, baccalaureate, and graduate education to 4,149

Auxiliary Enterprises Provide services to students and staff including primary dormitory accommodations for 1,251 students and associated food services during the academic

Form 990, Part III, Line 4b:

year and summer sessions

Form 990, Part III, Line 4c: Public service The University supports several programs which benefit students as well as the general public These services include a Small Business Development center, a chamber orchestra, a leadership development program, and several programs whose goals include environmental and social concerns

(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation

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

	any hours	l	a dır	recto	or/tr	ustee)	)	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Robert P Barker Board Member	2	×						0	0	0	
Candace D Battles Board Member	2	×						0	0	0	
Richard E Beattie Board Member	0	×						0	0	0	
Rev Msgr Robert L Brugger Board Member	0	×						0	0	0	

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Board From Bor
Rev Msgr Robert L Brugger
Board Member
Walter W Cooper
Board Member

Gregory Czarnecki

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Board Member
Tina M Donikowski

Board Member
Sr Mary Drexler SSJ

Board Member

Dana M Fallon

Board Member
James Fiorenzo

Board Member

(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation

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

	any hours	and a director/trustee)						organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Gwendolyn M Garbarino Board Member	0	х						0	0	0	
James E Gehrlein Board Member	0	×						0	0	0	
Thomas C Guelcher Vice Chairperson	0	×		х				0	0	0	
Timothy J Hilty Board Member	0	×						0	0	0	
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31,168

78,601

Vice Chairperson
Timothy J Hilty
Board Member
Rev Scott W Jabo
Board Member

Board Member/Chair of Faculty Senate

Bruce Kıbler

Scott M Krall

....... Board member Urban J LaRiccia

Board Member Msgr Edward M Lohse

Board Member Rev John Malthaner

Board Member

(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation

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

	any hours	and a director/trustee)						organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Rev T Shane Mathew Board Member	2	×						0	0	0	
Pierre McCormick Board Member	0	×						0	0	0	
Mark Minnaugh Secretary	0	×		х				0	0	0	
Timothy NeCastro Board Member	0	×						0	0	0	

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Timothy NeCastro
Board Member
Susan M Nedza
Board Member
Dr Richard G Orlando

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Board Member

Chairperson
Thomas F Power Jr

Board Member

Board Member
James J Rutkowksı Jr

Board Member

Rev Nicholas Rouch STD

Most Rev Lawrence T Persico JCL

and Independent Contractors (A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the compensation from related

any hours

for related

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

and a director/trustee)

organization

(W- 2/1099-

410,635

230,668

198,221

organizations

(W- 2/1099-

from the

organization and

76,574

97,682

38,802

0

	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	sey employee	Highest compensated	Former	`MISC)	`MISC)	related organizations
James A Scozzie Board Member	0	×						0	0	0
Antoinette Spevetz Board Member	2	×						0	0	0
James F Toohey Board Member	2	×						0	0	0
Margaret A VanderLaan Board Member	0	×						0	0	0
Kendra Walker Board Member/Student Government President	2	×						0	0	0

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Sr Mary Ann White SSJ

Vice President Finance and Administration until 2/18

Vice President for Academic Administration

Board Member William M Zeitler

Board Member

Keith Taylor

Linda Wagner

Steve Mauro

President

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

for related

37 5 . . . . . . . . . . . . . . . . .

37 5

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(W- 2/1099-

101,932

275,709

218,045

200,611

191,303

176,631

(W- 2/1099-

organization and

15,435

18,879

10,327

17,666

20,223

20,959

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0

0

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

	organizations below dotted line)	Indradual trustee or director	Institutional Trustee	10	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
Bill Edmondson Vice President Enrollment	37 5 0			x				184,227	0	103,338
Walter Iwanenko Vice President for Academic Affairs	37 5 0			х				182,512	0	16,675
R Scott Rash Vice President University Advancement	37 5 0			x				181,276	0	38,532
Ralph Nichols  VP Student Development and Engagement	37 5 0			x				160,142	0	38,019

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Ralph Nichols
VP Student Development and Engagement
Valerie Bacık
valene bacik
Vice President for Planning and Finance as of 3/18

Constantine Kliorvs

Management Faculty

Environmental Faculty

Mahesh Aggarwal

Business Administration Faculty

Mechanical Engineering Faculty

Mechanical Engineering Faculty

Gary Mahan

Harry Dız

Gong Chen

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990I	EZ)				4947(a)(1) nonexe	empt charitable	trust.		<b>201</b> /
•		the Treasury	▶ Infe	ormation abou	► Attach to Form ut Schedule A (Form www.irs.g			ictions is at	Open to Public Inspection
Nam	e of th	<b>ne organiza</b> VERSITY	tion					Employer identific	ation number
								25-0496976	
	rt I				<b>us</b> (All organization : it is  (For lines 1 thro			see instructions.	
1	// gam2		•		sociation of churches	<b>5</b> ,	,	(A)(i)	
_		•							
2	<b>✓</b>				1)(A)(ii). (Attach Sch	•	• •		
3	Ш	·		•	vice organization desc			•	
4		name, city,	and state _		ed in conjunction with				
5		(b)(1)(A)	( <b>iv).</b> (Comple	ete Part II )	t of a college or unive				oed in <b>section 170</b>
6	Ш	·	•	-	governmental unit de				
7		section 17	0(b)(1)(A)	( <b>vi).</b> (Complete	•			init or from the gener	al public described in
8		A communi	ty trust desci	ibed in <b>section</b>	170(b)(1)(A)(vi)	(Complete Part I	I)		
9					escribed in <b>170(b)(1)</b> ee instructions Enter				ege or university or a
10		from activit	ies related to income and	ıts exempt fun unrelated busın	(1) more than 331/39 octions—subject to cer ess taxable income (leading properties and the properties of the complete Part III )	taın exceptions, a	and (2) no more	than 331/3% of its su	
11		An organiza	ation organize	ed and operated	d exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12		more public	ly supported	organizations of	d exclusively for the be described in <b>section 5</b> the type of supporting	<b>i09(a)(1)</b> or <b>se</b> d	ction 509(a)(2	). See <b>section 509(</b> a	
a		Type I. A s organizatio	supporting or n(s) the pow	ganızatıon oper	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
b		Type II. A manageme	supporting o nt of the sup	rganızatıon sup porting organiza	ervised or controlled i ation vested in the sar				
С		Type III f	unctionally i		and C. supporting organizatio ions) You must com				ted with, its
d		Type III n	on-function integrated	ally integrated The organization	<b>d.</b> A supporting organ n generally must satis	Ization operated fy a distribution i	ın connection wi requirement and	th its supported orgar	` '
e		Check this	box if the org	anization receiv	t IV, Sections A and ved a written determin	nation from the II		pe I, Type II, Type II	I functionally
f	Enter			on-runctionally organizations	integrated supporting	organization			
g				-	ipported organization(	s)		_	
		Name of supp organization	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? (v) Amount of monetary support		(vi) Amount of other support (see instructions)	
						Yes	No		
Tota	ı								

supported organization

ightharpoons

Page 2

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

S	ection A. Public Support						
	Calendar year	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	(or fiscal year beginning in) ▶	(4) 2013	(6) 2014	(0, 2013	(4) 2010	(0) 2017	(1) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grant ")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
	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						
S	ection B. Total Support						
	Calendar year	(a)2013	<b>(b)</b> 2014	(c)2015	(d)2016	(e)2017	(f)Total
	(or fiscal year beginning in) ▶	<del>(=,===</del>	(-)	(3,2323	(4,,2020	(-/	(1)
7	Amounts from line 4	<u> </u>					
8	Gross income from interest,	I					
	dividends, payments received on	I					
	securities loans, rents, royalties and	I					
_	income from similar sources Net income from unrelated business						
9	activities, whether or not the	I					
	business is regularly carried on	I					
10	Other income Do not include gain or						
-0	loss from the sale of capital assets	I					
	(Explain in Part VI )	I					
11	<b>Total support.</b> Add lines 7 through						
	10						
12	Gross receipts from related activities, e	tc (see instructio	ons)			12	
13	First five years. If the Form 990 is for	the organization	's first, second, th	urd, fourth, or fifth	n tax year as a sec	tion 501(c)(3) ord	janization,
	check this box and <b>stop here</b>	-		,	•		, ·
-	ection C. Computation of Public						
	<del></del>			1 (6))			
14			•	column (f))		14	
15						15	
16a	<b>33 1/3% support test—2017.</b> If the	organization did r	not check the box	on line 13, and lir	ie 14 is 33 1/3% oi	r more, check this	box
	and stop here. The organization qualif	ies as a publicly s	supported organiza	ation			ightharpoons
h	33 1/3% support test-2016. If the				and line 15 is 33 i	/3% or more, che	ck this
_	• •	_				,	<b>▶</b> □
	box and <b>stop here.</b> The organization of <b>10%-facts-and-circumstances test-</b>				o 12 165 or 16h	and line 14	
17a	is 10% or more, and if the organization						
	in Part VI how the organization meets t						
	•	races and circ	cambances test	c organización	qualifica as a publi	ici, supported	►□
	organization	2016 7511		<u> </u>	13 16 16	4.7 ! !	▶⊔
b	10%-facts-and-circumstances test 15 is 10% or more, and if the organiza						

Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

P	art III Support Schedule for					d ka awalifi wad	ou Doub II If
	(Complete only if you on the organization fails to						er Part II. If
Se	ection A. Public Support			,		,	
	Calendar year	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	(or fiscal year beginning in) ► 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 Gross receipts from activities that are						
3	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 70	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and						
<i>7</i> a	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	ection B. Total Support	1	I	l			l
	Calendar year	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	(or fiscal year beginning in) ▶	(a) 2013	(6) 2014	(6) 2015	(d) 2016	(e) 2017	(f) Total
9	7 III 10 III III						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
Ь	Unrelated business taxable income (less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI )						
13							
	11, and 12)  First five years. If the Form 990 is for	the organization	's first second th	urd fourth or fift	h tay yaar as a sa	stion 501(c)(3) o	rganization
14	check this box and <b>stop here</b>	or the organization	i s ili sc, secolia, ci	ma, rouran, or me	ii tax year as a se	ection 301(c)(3) 0	► □
Se	ection C. Computation of Public	Support Perce	entage				<u> </u>
15	Public support percentage for 2017 (III			column (f))		15	
16	Public support percentage from 2016 S	Schedule A, Part I	II, line 15			16	
	ection D. Computation of Invest	ment Income	Percentage			1 1	
17	Investment income percentage for 20	<b>17</b> (line 10c, colu	mn (f) divided by	lıne 13, column (f	())	17	
18	Investment income percentage from 2	<b>2016</b> Schedule A,	Part III, line 17			18	
19a	331/3% support tests—2017. If the	organization did r	not check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and lin	e 17 is not
	more than 33 1/3%, check this box and	<b>stop here.</b> The o	rganızatıon qualıfı	es as a publicly si	upported organiza	tion	▶ □
b	33 1/3% support tests—2016. If th	e organization did	I not check a box	on line 14 or line	19a, and line 16 is	more than 33 1/	_
	not more than 33 1/3%, check this box	x and <b>stop here.</b>	The organization	qualifies as a publ	icly supported org	janization	▶ □
20	Private foundation. If the organizati	on did not check a	box on line 14, 1	9a, or 19b, check	this box and see	instructions	ightharpoons

Page 4

5c

6

7

8

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

6

7

8

10a

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V ) Section A. All Supporting Organizations

			Yes	No
1	re all of the organization's supported organizations listed by name in the organization's governing documents?  f "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,			
	scribe the designation If historic and continuing relationship, explain			
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509			

	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					
	ın section 509(a)(1) or (2)	2				
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)					
	below	3a				

	(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described		
	ın section 509(a)(1) or (2)	2	
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	
_	Did the examination ensure that all cumpert to such examinations was used evaluately for costion 170(a)(2)(B) numbers?		

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		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
determination  c Did the organization ensure that all support to such organizations was used exclusively If "Yes," explain in Part VI what controls the organization put in place to ensure such use the organization part vi	If "Yes," explain in <b>Part V1</b> what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b in Part I, answer (b) and (c) below			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			

	determination	3b			
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?				
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3с			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you				
	checked 12a or 12b ın Part I, answer (b) and (c) below				
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported				
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b			
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections				
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support				
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	40	( )		

	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b in Part I, answer (b) and (c) below			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organizations that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes			
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 <b>Part VI</b> , 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			

b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or	4b	
С	supervised by or in connection with its supported organizations 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 <b>Part VI</b> what controls the organization used to ensure that all support	40	
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c	
5а	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 <b>Part VI</b> , 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 the		
	organization's organizing document?	5b	

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

than (1) its supported organizations. (11) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Pa	rt IV Supporting Organizations (continued)		<u>'</u>	uge D
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
S	ection B. Type I Supporting Organizations		1	
			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	2		
	organization	_		
S	ection C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)			<u> </u>
S	ection D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	res	NO
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)		
	The organization satisfied the Activities Test Complete line 2 below	-		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstru	ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <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		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .	3a		
	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 <b>Part VI.</b> the role played by the organization in this regard	36		

Sched	ule A (Form 990 or 990-EZ) 2017			Page <b>6</b>
Par	Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	_
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	ntegrati		ganization (see m 990 or 990-EZ) 2017

v	Other distributions (describe in Fait VI) See instructions	
7	Total annual distributions. Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	

q Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D, line 7

a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines

a Excess from 2013. . . . . . **b** Excess from 2014. . . . . c Excess from 2015. . . . . **d** Excess from 2016. . . . . e Excess from 2017. . . . .

instructions)

See instructions

3j and 4c 8 Breakdown of line 7

	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to who			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line			

details in <b>Part VI</b> ) See instructions			
<b>9</b> Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
Distributable amount for 2017 from Section C, line     6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
_		· ·	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
Distributable amount for 2017 from Section C, line     6			
Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2017			
a			
<b>b</b> From 2013			
c From 2014			
<b>d</b> From 2015			
<b>e</b> From 2016			
f Total of lines 3a through e			

Schedule A (Form 990 or 990-EZ) (2017)

### **Additional Data**

Software ID: 17005980
Software Version: v1.00

EIN: 25-0496976

Name: GANNON UNIVERSITY

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

Facts And Circumstances Test

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

### **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.

DLN: 93493130051159 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

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

Name of the organization **Employer identification number** 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 2 Aggregate value of contributions to (during year) 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? ☐ Yes ☐ No 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? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 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 Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c 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 ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount 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) 8 and section 170(h)(4)(B)(II)? 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 Part III 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,

(ii) Assets included in Form 990, Part X 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

historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the

Revenue included on Form 990, Part VIII, line 1

following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Schedule D (Form 990) 2017

Page 2

Par	t III	Organizations Ma	aintaining Collectior	ns of Art, H	listori	cal Tr	reası	ares, o	r Other	Similar A	ssets (co	ntınued)	
3		g the organization's acq s (check all that apply)	uisition, accession, and o	ther records,	check a	any of	the fo	ollowing t	that are a	a significant	use of its	collection	ı
а	<b>✓</b>	Public exhibition			d		Loan	or exch	ange pro	grams			
b	<b>✓</b>	Scholarly research			e		Othe	r					
С	$\checkmark$	Preservation for future	e generations										
4	Provi Part		organization's collections	and explain l	how the	y furth	ner th	e organız	zation's e	exempt purpo	ose in		
5			anization solicit or receivends rather than to be mai							nılar	☐ Yes	✓ .	No
Pa	rt IV		odial Arrangements ganization answered "		m 990	, Part	IV, I	ine 9, o	r report	ed an amo	unt on Fo	orm 990	, Part
1a		e organization an agent ded on Form 990, Part :	, trustee, custodian or ot X?	her intermed	ary for	contril	butior	s or oth	er assets	not	☐ Yes		No
b	If "Y	es," explain the arrange	ement in Part XIII and coi	mplete the fo	llowing	table				-	Amount		
c		nning balance		'	,				1c				_
d	_	tions during the year							1d				
е	Dıstr	ributions during the year	•						1e				_
f	Endır	ng balance							1f				
<b>2</b> a	Did t	the organization include	an amount on Form 990,	, Part X, line	21, for	escrow	or cu	ıstodıal a	account I	ability?	Yes		— No
b	If "Ye	es," explain the arrange	ment in Part XIII Check	here if the ex	kplanatı	on has	been	provide	d ın Part	XIII		. $\square$	
Pa	rt V	Endowment Fund	<b>ds.</b> Complete if the or	ganızatıon a	answer	ed "Ye	es" o				10.		
	D		(a)C	urrent year	<b>(b)</b> Pi	rior yeai	-		ears back			<b>e)</b> Four ye	
	_	ning of year balance .		60,225,662		56,565	-	•	58,150,83		,142,327		7,281,126
		butions		1,443,992 4,600,129		1,080 6,923			1,715,20 -1,249,61		,841,198		3,959,046
		vestment earnings, gair	· · · · · · · · · · · · · · · · · · ·	1,529,303		1,275			1,019,12		901,405		862,048
		s or scholarships		1,329,303		1,2/3	5,120		1,019,12	+	901,403		
	and pr	expenditures for facilition rograms	es	1,286,697		3,029			974,59		857,795	1	,097,966
f	Admın	nistrative expenses .		32,833			,000		57,12		71,963		97,847
g	End of	f year balance		63,420,950		60,225	,662	!	56,565,58	58	,150,830	56	5,142,327
2		•	ntage of the current year		(line 1g	g, colur	mn (a	)) held a	is				
а	Boar	d designated or quasi-e	ndowment ► 34 5 %	<b>/</b> o									
b	Perm	nanent endowment 🟲	51 1 %										
c		porarily restricted endo											
_		·         =	, 2b, and 2c should equal										
За		there endowment funds nization by	not in the possession of	the organizat	ion that	are he	eld ar	id admin	istered fo	or the		Yes	No
	-	inrelated organizations									3a(		No
		related organizations .									3a(		No
b		_	lated organizations listed	as required o	on Sche	dule R	٠.				. 31	b	
4	Desc	cribe in Part XIII the inte	ended uses of the organiz	ation's endov	vment f	unds							
Pa	rt VI				_	_							
	D	•	ganization answered "	Yes" on For									
	Descr	ription of property	(a) Cost or other basis (investment)	(D) Cost	or ot <b>ne</b> r	uasis (0	ouier)	(c) Acc	.urriulated	depreciation	(d	) Book val	ue
1a	Land			0		13,27	77,238					:	13,277,238
b	Buildir	ngs		0		172,25	51,293			66,164,714		10	06,086,579
c	Leasel	hold improvements		0			0			0			0
d	Equipr	ment		0		30,53	34,871			21,539,968			8,994,903

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

5,105,749

133,464,469

1,538,315

	Investments—Other Securities. Complete if the org	ganızatı	on ansv	vered "Yes" on	Form 990, Pa	rrt IV, line 11b.
	See Form 990, Part X, line 12.  (a) Description of security or category (including name of security)		<b>(b)</b> Book value	Cos	(c) Method of water to continuous (c) Me	
	al derivatives	<u>:</u>				
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	nn (b) must equal Form 990, Part X, col (B) line 12 )	•				
Part VIII	Investments—Program Related.  Complete if the organization answered 'Yes' on Form	990, Pa	rt IV, lı	ne 11c. See Fo	orm 990, Part	X, line 13.
	(a) Description of investment	<b>(b)</b> Boo	k value		(c) Method of v	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colum Part IX	on (b) must equal Form 990, Part X, col (B) line 13 )  Other Assets. Complete if the organization answered 'Yes'		990, Pa	rt IV, line 11d	See Form 990, P	art X, line 15
(1)	(a) Description					(b) Book value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colu	imn (b) must equal Form 990, Part X, col (B) line 15 )					
Part X	<b>Other Liabilities.</b> Complete if the organization answe See Form 990, Part X, line 25.	ered 'Yes	s' on Fo	rm 990, Part I	V, line 11e or	11f.
1.	(a) Description of liability		<b>(b)</b> B	ook value		
Federal Loar	ncome taxes  n Program			2,441,494		
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col (B) line 25 )	•		2,441,494		
	or uncertain tax positions. In Part XIII, provide the text of the f					_

Part XI

2

3

4

b

c

Part XII

5

1

2

c

d

3

4

b

5

Part XIII

See Additional Data Table

а

Schedule D (Form 990) 2017

Page 4

-43,566,968

135,007,761

135,037,671

87,807,003

-44,013

87,851,016

42,279,122

130.130.138

Schedule D (Form 990) 2017

29,910

### c d

Net unrealized gains (losses) on investments . . . .

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . .

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . .

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

b e

Amounts included on line 1 but not on Form 990, Part VIII, line 12

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: Investment expenses not included on Form 990, Part VIII, line 7b . .

Add lines **4a** and **4b** . . . . . . . . . . . . . .

**Supplemental Information** 

Add lines **4a** and **4b** . . . . . .

Donated services and use of facilities . . .

Other (Describe in Part XIII ) . . . . .

Add lines 2a through 2d . .

Return Reference

2c 

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2d

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

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

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b .

4a

2a

2b

4b

2a

2b

2c

2d

4a

4b

Explanation

-42.246.289 32,833

-1,273,743

-46.936

-46,936

2,923

32,833 42.246.289

2e

3

4c

5

3 -2,923 4c

2e

Page <b>5</b>	Schedule D (Form 990) 2017				
	ormation (continued)	Part XIII Supplemental Info			
	Explanation	Return Reference			

Schedule D (Form 990) 2017

#### Additional Data



# **Software Version:** v1.00

**EIN:** 25-0496976 Name: GANNON UNIVERSITY

**Software ID:** 17005980

Schedule D. Part III. Line 1

Return Reference

**Supplemental Information** 

and similar assets

Explanation

The University follows a policy of not recording or capitalizing its collections of works of art, historical treasures,

Supplemental Information						
Return Reference	Explanation					
Schedule D, Part III, Line 4	Nash Library maintains the Gannon University Archives which seeks to collect and preserve selected documents and artifacts related to the history of the University, particularly the achievements of the University's faculty, students, and staff, as well as its relationsh up to the Catholic Diocese of Erie and the greater Erie community					

S

Supplemental Information	
Return Reference	Explanation
, ,	The University endowment funds are invested over the longer time horizons to earn a return that supports programs of the University as directed by donors. The endowment funds prima rily support student scholarships, along with faculty research and development and other a cademic programs.

S

Supplemental Information		
Return Reference	Explanation	
Schedule D, Part X, Line 2	The University accounts for uncertainties in income taxes in accordance with authoritative guidance which prescribes a recognition threshold of more-likely-than-not to be sustained upon examination by the proper taxing authority. Measurement of the tax uncertainty occur s if the recognition threshold has been met. Management determined there were not tax uncertainties that met the recognition threshold at June 30, 2018 and 2017.	

pplemental Information	
Return Reference	Explanation
chedule D, Part XI, Line 2d	Financial Aid

Sui

pplemental Information	
Return Reference	Explanation
chedule D, Part XI, Line 4b	Rental Expenses

Sui

upplemental Information	
Return Reference	Explanation
chedule D, Part XII, Line 2d	Rental Expenses

Su

pplemental Information	
Return Reference	Explanation
chedule D, Part XII, Line 4b	Financial Aid

Sui

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493130051159 OMB No 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, EZ) Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Department of the Treasury Namel & the oscanization **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? 1 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? 2 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? 4a Yes 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? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Nο b Admissions policies? 5b Nο 5c c Employment of faculty or administrative staff? Nο d Scholarships or other financial assistance? 5d Nο e Educational policies? 5e No f Use of facilities? 5f Νo g Athletic programs? 5g Nο h Other extracurricular activities? 5h Nο 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? 6a Yes b 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 Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form 990 or 990-EZ) (2017)

	rage <b>z</b>
Part II Supplemental Information. Provide the explanation of the explanation (see instructions)	anations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide
Return Reference	Explanation
Schedule E, Part I, Line 3	Publication in Erie Times News each fall
Schedule E, Part I, Line 6	The University receives various federal grants directly from the U.S. Department of Education, such as Pell Grants, Supplemental Education Opportunity Grants (SEOG), and College Work-Study funds. The University also receives grants from the Commonwealth 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 the program.

Page 2

Schedule F (Form 990 or 990-F7) (2017)

Schedule E (Form 990 or 990EZ) (2017)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  Attach to Form 990.  Name of the organization Gantos and Assistance  (a) Name and address of organization or government  (b) EIN  (c) IRC section (if applicable)  (1) City of Eire (2) Complete if the organization and Other Assistance  2017  Open to Public Inspection  Employer identification number 25-0496976  Employer identification number 25-0496976  Employer identification number 25-0496976  Employer identification number 25-0496976   Employer identification number 25-0496976   Part II General Information on Grants and Assistance  1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	efile GRAPHIC print	- DO NOT PROCESS	As Filed Data -					DLI	N: 934931300	51159
Part I General Information on Grants and Assistance  1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	Schedule I (Form 990)  Department of the Treasury Internal Revenue Service	Co	Governments omplete if the organiz	and Individuals zation answered "Yes," o Attach to Form		2017 Open to Public				
Part I General Information on Grants and Assistance  1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?								•	ation number	
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?		nformation on Grants	and Assistance				25-0	496976		
(a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of non-cash assistance (book, FMV, appraisal, other) (g) Description of noncash assistance or assistance (h) Purpose of grant or assistance or assistance (h) Purpose of grant or assistance or assistance or assistance or assistance (h) Purpose of grant or assistance o	the selection criteria  Describe in Part IV to  Part II Grants and to	a used to award the grants the organization's procedur Other Assistance to Dom	or assistance? res for monitoring the unestic Organizations	use of grant funds in the Ur and Domestic Governme	nited States		,	Part IV, line		□ <b>No</b> ent
626 State Street support	(a) Name and address	1 ' '	(c) IRC section	(d) Amount of cash	cash	(book, FMV, appraisal,				grant
Erie, PA 16501		25-6000857		100,000	0				_	ency
(2) 82-0709054 50,000 0 Erie Downtown Development Corporation 100 State Street Suite 700 Erie, PA 16507	Erie Downtown Developi Corporation 100 State Street Suite 700			50,000	0				Charitable contri	ibution
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	3 Enter total number	of other organizations liste	d in the line 1 table .							0

FAFSA

Schedule I (Form 990) 2017

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Dat	ta -	DLN: 934	9313	30051	.159			
Sch	edule J	Co	mpensat	tion Information	MO	IB No	1545-0	0047			
(Form 990)		For certain Office									
		► Complete if the org		ated Employees wered "Yes" on Form 990, Part IV	. line 23.	2017					
	▶ Attach to Form 990.										
•	Department of the Treasure nternal Revenue Service  Information about Schedule J (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a> .										
Nar	ne of the organiza	ation			Employer identificat						
GAN	INON UNIVERSITY				25-0496976						
Pa	rt I Questi	ons Regarding Compensa	tion								
							Yes	No			
1a				of the following to or for a person liste ny relevant information regarding the							
		or charter travel	$\mathbf{Z}$	Housing allowance or residence for	personal use						
		companions		Payments for business use of perso							
		nification and gross-up payments	s 🔽	Health or social club dues or initiati							
	☐ Discretion	ary spending account		Personal services (e g , maid, chau	rreur, cner)						
b		kes in line 1a are checked, did th Il of the expenses described abo		follow a written policy regarding payn nplete Part III to explain	nent or reimbursement	<b>1</b> b	Yes				
2	Did the organiza	ition require substantiation prior	to reimbursing	or allowing expenses incurred by all	4.5	2	Yes				
	airectors, truste	es, officers, including the CEO/E	xecutive Directo	or, regarding the items checked in line	e Ia,						
3				ed to establish the compensation of t	he						
	_	•	'''	not check any boxes for methods CEO/Executive Director, but explain	ın Part III						
		ation committee ent compensation consultant	✓	Written employment contract Compensation survey or study							
	·	of other organizations	<b>7</b>	Approval by the board or compensa	ation committee						
		-	_								
4	During the year related organiza		990, Part VII, Se	ection A, line 1a, with respect to the f	iling organization or a						
_	_		trol naumont?			40	Yes				
a b		ance payment or change-of-cont receive payment from, a suppl		dified retirement plan?		4a 4b	165	No			
c	•	receive payment from, an equi	•	· ·		4c		No			
				plicable amounts for each item in Par	t III						
_		), 501(c)(4), and 501(c)(29)	_	·							
5		ontingent on the revenues of		the organization pay or accrue any							
а	The organization	17				5a		No			
b	Any related orga					5b		No			
	•	5a or 5b, describe in Part III									
6		ed on Form 990, Part VII, Section Intingent on the net earnings of		the organization pay or accrue any							
а	The organization	٦٦				6a		No			
b	Any related orga					6b		No			
	If "Yes," on line 6a or 6b, describe in Part III										
7		isted on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed t described in lines 5 and 6? If "Yes," describe in Part III									
8				ared pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," d	escribe	_					
9		3, did the organization also follo	w the rebuttable	e presumption procedure described in	Regulations section	9		No			
Ear I		ction Act Notice, see the Ins	tructions for E	orm 990 Cat No.	50053T <b>S</b> chedule 1		, 000)	2017			

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (A) Name and Title (D) Nontaxable (E) Total of (B) Breakdown of W-2 and/or 1099-MISC (C) Retirement (F) and other benefits columns Compensation in compensation deferred (B)(ı)-(D) column (B) (i) Base (ii) (iii) Other compensation reported as compensation Bonus & incentive reportable deferred on prior compensation compensation Form 990 See Additional Data Table

			Schedule J (F	orm 990) 2017

Schedule J (Form 990) 2017										
Part III Supplemental Information										
Provide the information, explanation, or	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										
	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 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.									
	C Kliorys received a severance payment in the amount of \$201,142 G Mahan received a severance payment in the amount of \$161,686 H Diz received a severance payment in the amount of \$130,969 G Chen received a severance payment in the amount of \$108,449									

Schedule J (Form 990) 2017

## **Additional Data**

(II)

(II)

(1)

(II)

(1)

|(II)

(1)

l(11)

(II)

(1)

[(II)

(1)

(II)

(1)

[(II)

(1)

(II)

(1)

President

1Lında Wagner

2Steve Mauro

Administration

3Bill Edmondson

4Ralph Nichols

5R Scott Rash

Affairs

Faculty

Faculty

Faculty

6Walter Iwanenko

7Mahesh Aggarwal

8Constantine Kliorys

Management Faculty

Business Administration

Environmental Faculty

Mechanical Engineering

9Gary Mahan

10Harry Dız

11Gong Chen

Mechanical Engineering

Vice President Finance and Administration until 2/18

Vice President for Academic

Vice President Enrollment

VP Student Development and Engagement

Vice President University Advancement

Vice President for Academic

213,652

197,787

183,294

159,330

173,028

181,918

187,576

71,941

54,465

67,357

67,195

**Software Version:** v1.00

**Software ID:** 17005980

EIN: 25-0496976

Name: GANNON UNIVERSITY

Form 990, Schedule	J, Part II - Officers, D	irectors, Trustees, K	ey Employees, and I	Highest Compensate	d Employees		
(A) Name and Title	(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1Keith Taylor (	ı) 351,571	o	59,064	20,249	56,004	486,888	0

17,016

433

2,933

811

8,248

594

3,727

203,768

163,580

133,254

109,435

22,186

15,020

14,161

12,509

13,500

13,875

12,255

6,576

5,286

5,138

5,318

72,094

20,670

86,418

20,747

20,266

1,812

7,121

10,150

4,439

10,235

12,618

324,948

233,910

286,806

193,397

215,042

198,199

210,679

292,435

227,770

215,984

194,566

efi	le GRAPHIC print - DO NO	T PROCESS A	s Filed Data -									DLN:	93493	13005	1159
	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.											2	No 154	7	7
	rtment of the Treasury nal Revenue Service	▶Informati	on about Schedule I	► Attach to Form 990 K (Form 990) and its		s is at <u>u</u>	vww.irs.go	v/form	9 <u>90</u> .				en to F Inspect		
Name	e of the organization NON UNIVERSITY								<u>-</u>	Emplo	yer iden				
										25-04	196976				
Pa	art I Bond Issues	_										1			
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	orice	(f) D	escription	of purpose	(g) De	efeased	beh	) On alf of uer	(i) Pool financing	
										Yes	No	Yes	No	Yes	No
Α	City of Erie Higher Education Building Authority	25-1536711	295437GD2	07-28-2010	8,5	00,000	See Part V	I			X		X		X
В	City of Erie Higher Education Building Authority	25-1536711	295437GD2	08-04-2010	11,5	17,819	See Part V	I			X		Х		X
С	City of Erie Higher Education Building Authority	25-1536711	295435BA8	04-25-2013	15,7	58,896	See Part V	I			X		Х		X
D	City of Erie Higher Education Building Authority	25-1536711		06-17-2013	5,5	00,000	See Part V	I			X		X		X
Pa	rt II Proceeds														<u> </u>
						۸.		В		(	3			D	
1	Amount of bonds retired					390	390,805 240,000			430,000			820,000		
2	Amount of bonds legally defeas				0 0					0				0	
3	Total proceeds of issue					8,500	,500,000 11,517,819			15,758,896				5,	500,000
4	Gross proceeds in reserve fund					432	32,481 865,720			1,087,399			ļ		
5	Capitalized interest from proce						0 529,735			0					
6	Proceeds in refunding escrows						0 0			0					0
7	Issuance costs from proceeds						0 324,444			208,896					
8	Credit enhancement from proce Working capital expenditures fi						0 0			0			0		
9 10	Capital expenditures from proc	•				0.007	0 0			14.500.000			0		
11	Other spent proceeds					8,087	8,087,536 9,870,452 0 0			14,500,000			-		
12	Other unspent proceeds						0		0		0				0
13	Year of substantial completion				2011 2011				2014			2013			
	·				Yes	No	, Y	es	No	Yes	No		Yes		No
14	Were the bonds issued as part	of a current refundir	ng issue?			Х			Х		Х		Х		
15	Were the bonds issued as part	of an advance refun	ding issue?			Х			×		Х				×
16	Has the final allocation of proce	eeds been made? .			X			×		X			Х		
17								×		Х			Х		
Pai	TIIII Private Business U														
						<b>A</b>		В						D	
1	Was the organization a partner	r ın a partnership, or	a member of an LLC,	which owned property	Yes	No X		es	No X	Yes	No X		Yes		No X
2	financed by tax-exempt bonds  Are there any lease arrangeme property?	ents that may result	ın prıvate busıness use			Х			Х		Х				×
For	Paperwork Reduction Act Noti				Ca	: No 50	)193F				<u> </u>	chedul	e K (Fo	rm 996	0) 2017

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Part IV

Arbitrage

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45%

0 %

45%

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No

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Χ

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Yes

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Yes

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Schedule K (Form 990) 2017

C

No

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Χ

0 %

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Yes

Х

No

Χ

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Χ

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Χ

C

counsel to review any management or service contracts relating to the financed property?

Are there any research agreements that may result in private business use of bond-financed

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

counsel to review any research agreements relating to the financed property?

organization, or a state or local government . . . . . . . . . . . .

Does the bond issue meet the private security or payment test? . . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

Rebate not due yet? . . . . . .

hedge with respect to the bond issue?

Exception to rebate? . . . . . . .

No rebate due? . . . . . . . . .

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Yes

Χ

No

Х

Χ

Χ

Χ

Α

Yes

Χ

Χ

No

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Х

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Yes

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Yes

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No

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No

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Χ

Х

Yes

Χ

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

relating to the issuance of the Series 2010 bonds

Were gross proceeds invested in a guaranteed investment contract

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

**Procedures To Undertake Corrective Action** 

if self-remediation is not available under applicable regulations?

the GIC satisfied? . . . . . . . .

requirements of section 148? . . .

Schedule K (Form 990) 2017

(GIC)? Name of Term of

period?

Part V

Part VI

Return Reference

Schedule K. Part I. Column

of Erie Higher Education

**Building Authority** 

f-07/28/2010 8,500,000 City

Yes

Х

Yes

No

No

Х

Yes

Page 3

No

No

	, ×	X	

Yes

Х

Yes

В

Nο

No

Χ

Yes

Х

Yes

Х

No

Name of provider		
Term of GIC		
Was the regulatory safe harbor for establishing the fair market value of		

Х

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

campus and (ii) site and infrastructure improvements and other miscellaneous capital improvements to existing

the Series 2010 bonds to July 1, 2011, (c) a debt service reserve fund for the Series 2010 bonds, and (d) costs

Explanation The project will consist of (a) the construction of (i) an approximately 293-bed student housing facility on the

facilities and acquisition of capital equipment for use in or in connection with the facilities, (b) capitalized interest on

Yes

No

Χ

Return Reference	Explanation
f-08/04/2010 11,517,819 City of Erie Higher Education	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-04/25/2013 15,758,896 City of Erie Higher Education Building Authority	The project consists of (i) the acquisition, design, construction, renovation, equipping and furnishing of new facilities and existing facilities of the borrower located on the existing campus of the borrower or property currently owned or to be purchased by the borrower, including, but not limited to, renovation of the recreation center and construction of a field house and indoor turif 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

Return Reference	Explanation
-06/17/2013 5,500,000 City of Erie Higher Education	Partial refunding of the Series 2007 GC3 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

В

efile GRAPHIC print - DO	NOT PROCESS As	Filed Data -									DLN: 9	93493	13005	1159				
Schedule K (Form 990)	Su	pplemental	Information o	n Tax-E	Exem	pt E	Bonds				ОМВ	No 154	5-0047					
Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.									2017									
Department of the Treasury Internal Revenue Service  Attach to Form 990.  Internal Revenue Service  Information about Schedule K (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a> .										en to P								
Name of the organization									Emplo	yer ıden		n numbe						
GANNON UNIVERSITY									25-04	96976								
Part I Bond Issues		T							T									
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue	price	(	(f) Description of purpose		(f) Description of purpose		(f) Description of purpose		(g) De	efeased	behalf of issuer		(i) Pool financing	
A City of Erie Higher Education Building Authority	25-1536711	295435BB6	11-17-2016	31,1	.31,351	See P	art VI	Yes	X	Yes	X	Yes	X					
B Public Finance Authority	27-3866124	74445FAJ3	09-20-2017	22,7	756,200	See P	art VI			Х		X		X				
Part II Proceeds																		
1100000					A		E	3	C	:			D					
1 Amount of bonds retired .						0		0										
2 Amount of bonds legally de						0		0										
3 Total proceeds of issue .					31,131	,351		22,756,200										
4 Gross proceeds in reserve t						0		0										
5 Capitalized interest from pr						0		0										
6 Proceeds in refunding escre						0		0										
7 Issuance costs from procee					370	,958		0										
8 Credit enhancement from p						0		0										
9 Working capital expenditure						0		0										
10 Capital expenditures from p					30,001	<del>`</del> +		4,172,477										
11 Other spent proceeds						0		0										
Other unspent proceeds .					1,129	,729		18,583,723										
13 Year of substantial complet	ion		• •		018	-	20		V	N-				NI -				
14 Were the bonds issued as p	part of a current refunding	nissue?		Yes	No X		Yes	No X	Yes	No		Yes	+-	No				
15 Were the bonds issued as p				X	,		X						+					
16 Has the final allocation of p					X			Х					-					
Does the organization main proceeds?	•			Х			Х											
Part IIII Private Busines	s Use																	
					A		E		C				D					
1 Was the organization a par financed by tax-exempt bo	tner in a partnership, or a	a member of an LLC,	which owned property	Yes	No X		Yes	No X	Yes	No		Yes	+	No				
2 Are there any lease arrange property?	ements that may result in	private business use			Х			Х										
For Panerwork Reduction Act	Notice see the Instruct	tions for Form 990			t No 50	1103E		-		c	chedul	e K (Fo	rm 991	1) 2017				

Par	Private Business Use (Continued)								-				
			Α		В	С		D					
		Yes	No	Yes	No	Yes	No	Yes	No				
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	×		Х									
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	×	Х		Х		X X						
С	Are there any research agreements that may result in private business use of bond-financed property?		×		Х								
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?												
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		25%		0 %		•		•				
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government.		0 %		0 %								
6	Total of lines 4 and 5		25%		0 %								
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 a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		Х		х								
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of				•		•						
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?												

Page **2** 

D

Schedule K (Form 990) 2017

Yes

No

6	lotal of lines 4 and 5		25%		0 %		
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 a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		Х		х		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of						
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?						
9	Has the organization established written procedures to ensure that all nonqualified bonds of	×		×			

No

Χ

Χ

Χ

Χ

Χ

В

No

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Χ

Χ

Χ

Yes

Χ

C

No

Yes

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 a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		×		X		
ь	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of						
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?						
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		×			
Pai	t IV Arbitrage						

Α

Yes

Χ

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply? . . . .

Rebate not due yet? . . . . . . .

Exception to rebate? . . . . . . .

hedge with respect to the bond issue?

If "Yes" to line 2c, provide in Part VI the date the rebate Is the bond issue a variable rate issue? . . . . .

Term of hedge . . . . . . . . . Was the hedge superintegrated? . . . . . . Was the hedge terminated? . . . . . . . .

а

ь

C

Schedule K (Form 990) 2017

period?

Part V

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

the GIC satisfied? . . . . . . . . .

requirements of section 148? . . .

5a

		Α		В		
	Yes	No	Yes	No	Yes	
Were gross proceeds invested in a guaranteed investment contract (GIC)?		х		×		

Was the regulatory safe harbor for establishing the fair market value of Χ Χ Χ

		X						
	Α		I	В		С	[	)
-	Yes	No	Yes	No	Yes	No	Yes	No
1	X		×					
)	auestions (	on Schedul	e K (see in:	structions).				

Page 3

No

D

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? Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions). Explanation The project consists of (i) the advance refunding of the City of Erie Higher Education Building Authority's Revenue Bonds, Series 2007 GC3 currently outstanding in the amount of \$16,500,000, the proceeds of which were utilized for renovations and capital improvements to educational buildings located on the Borrower's campus, (ii) the interior

Part VI Return Reference Schedule K. Part I. Column f-11/17/2016 31,131,351 City demolition of the existing library and the design, construction, equipping and furnishing of the Borrower's library of Erie Higher Education facilities, together with other site and infrastructure improvements and other miscellaneous capital improvements to Building Authority existing facilities of the Borrower and acquisition of capital equipment for use in or in connection with the Borrower's

facilities, and (iii) payment of certain cost of issuing the 2016 Bonds

Return Reference	Explanation
	The project consists of (i) the acquisition, construction, furnishing and equipping of a new academic building, (ii) the
Schedule K, Part I, Column	renovation, improvement, furnishing, and equipping of an existing academic building, (iii) acquisition, construction,
f-09/20/2017 22,756,200	installation, renovation, and improvement of all related fixtures, furnishings, equipment, parking facilities, utility
Public Finance Authority	facilities, building and site improvements, and site acquisitions and other miscellaneous capital expenditures all
	located at 105 Commercial Drive, Ruskin, FL 33573

efile GRAPHI	C print - DO NO	OT PROCESS	S As Fi	led Data -					DI	LN: 93	4931	300!	51159			
Schedule L (Form 990 or 990	r 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38: ► Attach to Form 990 or Form 990-EZ.				90, Part IV, I , line 38a or • 0-EZ.	ines 25 40b.	nes 25a, 25b, 26, 0b. 2017									
Department of the Tre Internal Revenue Serv	asurs	ormation abo	out Schedu	ile L (Form 99 <u>www.irs.gov</u>		) and its inst	ruction	s is	at	(	pen		ıblic			
Name of the org GANNON UNIVERS									<b>yer ide</b> 6976	entifica	ition r	umb	er			
	ss Benefit Trai						rganıza	tions	only)	ne 40b						
	) Name of disquali			(b) Relationship between disqualified person and organization				T				(d) Corrected? Yes No				
											<u> </u>	<b>C</b> 5	140			
Part II Loc Cor rep (a) Name of	mount of tax, if an  ans to and/or implete if the organ orted an amount of the organization in the organiz	From Interestation answer on Form 990, F	ested Per red "Yes" or Part X, line ! (d) Loan	<b>sons.</b> n Form 990-EZ, 5, 6, or 22		Part V, line 3  (e)Original principal	Part V, line 3  (e)Original principal	Part V, line 3  (e)Original principal		90, Part	In	(h) Approved by board or committee?		(i)Writty agreeme		ten
			То	From			Yes	No	Yes	No	Yes		No			
Total				•	<b>↓</b> \$											
	i <b>nts or Assistai</b> nplete if the orga					line 27.										
	rested person (b		between n and the	(c) Amount		<b>(d)</b> Type	of assis	tanc	e	<b>(e)</b> Pu	rpose (	of assi	stance			
		<u> </u>							-							
For Danerwork Rec	fuction Act Notice	see the Instruc	tions for Eo	rm 000 or 000-l	7 (:	1 No. 50056∆		C = 1		I /Form	000 0	. 000	EZ) 201			

	organization			reven	iues?
				Yes	No
(1) Mary Jean Taylor	President's spouse	65,831	Salary/fringes as Wellness Director		No

**Explanation** 

Schedule I (Form 990 or 990-F7) 2017

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

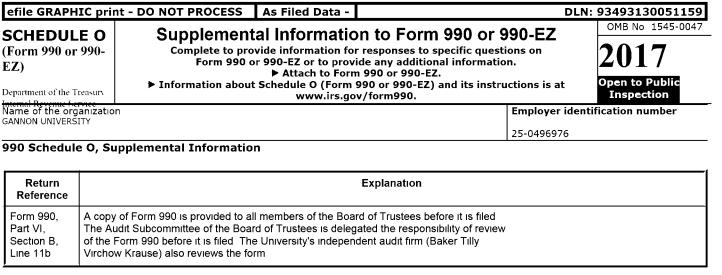
Return Reference

Supplemental Information

Part V

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493130051159 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) 2017 ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990 Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** GANNON UNIVERSITY 25-0496976 Part I **Types of Property** (a) (b) (c) (d) Check If Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . . 2 Art—Historical treasures 3 Art—Fractional interests Books and publications Clothing and household 6,828 Comparable sales Х goods . . . . . Cars and other vehicles Boats and planes . . Intellectual property . . Χ 585,870 Comparable sales Securities—Publicly traded . 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . Securities—Miscellaneous . Qualified conservation contribution—Historic structures . . . . **14** Oualified conservation contribution—Other . . Real estate—Residential . 16 Real estate—Commercial . 17 Real estate—Other . . Collectibles . . . 18 2,101 Comparable sales 19 Food inventory . . . Χ 20 Drugs and medical supplies . 21 Taxidermy . . . . 22 Historical artifacts . . 23 Scientific specimens . . 24 Archeological artifacts . 25 Other ▶ ( Χ 325 comparable sales Table tennis table ) Χ 26 Other ▶ ( 93,325 cost Construction support ) 27 Other ▶ ( Χ 1,960 comparable sales Amusement park tickets ) 28 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 Nο **b** If "Yes," describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Nο b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2017) Cat No 51227J

Schedule M (Form 990) (2017)	Page <b>2</b>			
Part II Supplemental Info	ormation.			
	cion required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part Limber of contributions, the number of items received, or a combination of both. Also complete litional information.			
Return Reference	Explanation			
Schedule M, Part I	Reporting number of contributions in Pat I, column (b)			
	Schedule M (Form 990) (2017)			



## 990 Schedule O, Supplemental Information

Return Reference	Explanation
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 gathered by the President's Office with copies is ent to the Internal Auditor. The Internal Auditor then analyzes the disclosures made with the assistance of the Controller and Vice President for Planning and Finance and prepares a summary of any relationships disclosed. All employees are required to sign a conflict of interest form upon hire. If any relationships are disclosed a copy of the form is sent to and analyzed by the Internal Auditor. Key employees are required to complete and update the form annually. In May of each year, the list of key employees is analyzed and updated a sinecessary by the Internal Auditor with the assistance of the Vice President for Planning and Finance. In December of each year, the forms are sent to the individuals identified a single key employees. The completed forms are then analyzed by the Internal Auditor, Controller, and Vice President for Planning and Finance 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 meeting.

Return Explanation
Reference

990 Schedule O, Supplemental Information

Form 990,	The Evaluation/Executive Compensation Committee of the Board of Trustees meet regularly to
Part VI,	consider the compensation packages of the President and Vice Presidents and to approve an
Section B,	y changes to current written employment contracts. The Committee reviews the compensation
Line 15	surveys, comparable industry compensation data, and 990's from comparable institutions. As
	ıt relates to the President, the Committee engages an independent compensation consultant
	Minutes are kept for Committee meetings

990 Schedule O, Supplemental Information

Return

Reference	
Form 990, Part VI,	The University makes its governing documents, conflicts of interest policy, and financial statements available to the public upon request
Section C, Line 19	

Explanation