For Paperwork Reduction Act Notice, see the separate instructions.

DLN: 93493127001331 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.

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

Department of the Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020 C Name of organization GANNON UNIVERSITY D Employer identification number B Check if applicable: \square Address change 25-0496976 ☐ Name change Doing business as \square Initial return ☐ Final return/terminated E Telephone number ☐ Amended return Number and street (or P.O. box if mail is not delivered to street address) Room/suite ☐ Application pending (814) 871-7000 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 164,299,859 Name and address of principal officer: **H(a)** Is this a group return for Dr 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 ▶ Summary 1 Briefly describe the organization's mission or most significant activities: Higher Education (Enrollment 4,444). 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 $\blacktriangleright \Box$ if the organization discontinued its operations or disposed of more than 25% of its net assets. 35 Number of voting members of the governing body (Part VI, line 1a) . 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 33 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 2,094 **6** Total number of volunteers (estimate if necessary) . . . 6 143 Total unrelated business revenue from Part VIII, column (C), line 12 7a 144,941 Net unrelated business taxable income from Form 990-T, line 39 Prior Year **Current Year** 8 Contributions and grants (Part VIII, line 1h) . 6,976,635 12,273,807 Program service revenue (Part VIII, line 2g) . 131,831,906 137,296,442 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 5,321,793 3,008,468 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 351,789 628,101 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 144,482,123 153,206,818 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 46,887,240 51,367,941 **14** Benefits paid to or for members (Part IX, column (A), line 4) . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 57,619,462 59.966.772 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . 19,520 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶1,599,917 31,806,227 33,853,587 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 136,312,929 145,207,820 7,998,998 8,169,194 19 Revenue less expenses. Subtract line 18 from line 12 . t Assets or d Balances **Beginning of Current Year End of Year** 276,609,681 20 Total assets (Part X, line 16) . 272,934,477 21 Total liabilities (Part X, line 26) 102,477,917 104,399,281 Net assets or fund balances. Subtract line 21 from line 20 168,535,196 174,131,764 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. 2021-05-05 Signature of officer Date Sign Here Valerie Bacik Vice President Planning and Finance Type or print name and title Print/Type preparer's name Preparer's signature Check \square if Paid self-employed Firm's name Firm's EIN ▶ Preparer Use Only Phone no. Firm's address ☐ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions)

Cat. No. 11282Y

Form 990 (2019)

Form	990 (2019)					Page 2					
Pa	Statement	of Program Servi	ice Accomplis	hments							
	Check if Sched	dule O contains a resp	onse or note to a	any line in this Part III		🗆					
1	Briefly describe the o	rganization's mission:	1								
STAF					CHING, SCHOLARSHIP, AND SEI D IN THE LIBERAL ARTS AND SC						
2	Did the organization	, ,	cant program ser	vices during the year	which were not listed on	□ Yes ☑ No					
	If "Yes," describe the										
3	Did the organization services?	3,	make significant	changes in how it con	ducts, any program	. □Yes ☑No					
	If "Yes," describe these changes on Schedule O.										
4		d 501(c)(4) organizat	ions are required	to report the amount	e largest program services, as n of grants and allocations to oth						
4a	(Code: See Additional Data) (Expenses \$	115,035,757	including grants of \$	51,417,941) (Revenue \$	123,499,608)					
4b	(Code: See Additional Data) (Expenses \$	9,813,050	including grants of \$) (Revenue \$	13,796,834)					
4c	(Code:) (Expenses \$	1,519,012	including grants of \$) (Revenue \$	0)					
	See Additional Data										
	See Additional Data	Гable									
4d	Other program service	es (Describe in Sched	dule O.)								
	(Expenses \$	545,989 in	cluding grants of	\$	0) (Revenue \$	254,686)					
4e	Total program serv	rice expenses ►	126,913,8	08							

Pai	t IV	Checklist of Required Schedules			
		•		Yes	No
1		e organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete dule A</i> 2	1	Yes	
2	Is the	e organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 💆	2	Yes	
3		ne organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates ublic office? If "Yes," complete Schedule C, Part I	3		No
4	Secti electi	on 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) on in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5		e organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, sments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		No
6	to pro	ne organization maintain any donor advised funds or any similar funds or accounts for which donors have the right ovide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete dule D,</i> Part	6		No
7		ne organization receive or hold a conservation easement, including easements to preserve open space, nvironment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8		ne organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> lete Schedule D, Part III 📆	8	Yes	
9	for ar	ne organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian mounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation cas? If "Yes," complete Schedule D, Part IV	9		No
10		ne organization, directly or through a related organization, hold assets in temporarily restricted endowments, anent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11		organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, as applicable.			
а		ne organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete dule D, Part VI.	11a	Yes	
b		ne organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total s reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		No
	total	ne organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
d		ne organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported at X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did th	ne organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f		ne organization's separate or consolidated financial statements for the tax year include a footnote that addresses rganization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏	11f	Yes	
12a		ne organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete dule D, Parts XI and XII</i>	12a	Yes	
	If "Ye	the organization included in consolidated, independent audited financial statements for the tax year? Is," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the	e organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did th	ne organization maintain an office, employees, or agents outside of the United States?	14a		No
b	busin	ne organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, ess, investment, and program service activities outside the United States, or aggregate foreign investments d at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
15		ne organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any in organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16		ne organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17		ne organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, an (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17	Yes	
10	Did +k	an organization report more than \$15,000 total of fundraising event gross income and contributions on Bort VIII			

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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

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

Nο

Nο

Nο

Yes

18

19

20a

20b

21

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Checklist of Required Schedules (continued)			
D. I		Yes	No
column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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	
Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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
Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L. Part IV			
	28a		No
A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Yes	
A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		N
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐿	29	Yes	
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		N
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		N
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		N
Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		N
If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		N
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response or note to any line in this Part V	 ;	Von	⊔ N•
Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5,012		res	- IN
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III. Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I. 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 25s. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization maintain an escrow account other than a refunding escrow at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. 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-EZI If "Yes," complete Schedule L, Part II. Did the organization rounder and year of the part of the response of the part of the response of the part of the response of the part of the p	Did the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Parl IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III. Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees If "Yes," complete Schedule I. But the vear, that was issued after December 31, 2002? If "Yes," answer lines 24b inrough 24d and complete Schedule K. If "Wo," go to line 25s. 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 inrough 24d and complete Schedule K. If "Wo," go to line 25s. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization meantain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization meantain an escrow account other than a refunding escrow at any time during the year? Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization are that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported an any of the organization's prior Forms 990 or 990-217 If "yes," complete Schedule I. Part I Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributors or fise decreased in the proplication of the proplicatio	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 "res," complete Schedule I, Parts I and III. 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, trustes, key employees, and highest compensated employees? If "Yes," complete Schedule I, Dat IX and a section of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 246 through 24d and complete Schedule K. If "No." go to the 25a. 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 246 through 24d and complete Schedule K. If "No." go to line 25a. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization maintain an escrow account other than a refunding escrow at any time during the year? Did the organization at as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 5016(13), 5016(14), 5016(14), 5016(12) organizations. On the organization engage in an excess benefit transaction with a disqualified person ouring the year? If "Yes," complete Schedule L, Part II 15a the organization aware that it engaged in an excess benefit transaction with a disqualified person ouring the year? If "Yes," complete Schedule L, Part II 15b the organization aware that it engaged in an excess benefit transaction with a disqualified person our ing the year? If "Yes," complete Schedule L, Part II 15b the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former fifter, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of these persons? If "Yes," complete Schedule L

1c

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	Statements Regarding Other IRS Filings and Tax Compliance (continued)					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes			
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			
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	4a		No		
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No ———		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No 		
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No		
	If "Yes," indicate the number of Forms 8282 filed during the year					
е	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?					
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12 10a					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders					
Б	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	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					
	Enter the amount of reserves on hand	_				
	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				
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No		
16	If "Yes," complete Form 4720, Schedule O.	16		No		

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Par	Governance, Management, and Disclosure For 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. Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to i	lines 🗸
Se	ction A. Governing Body and Management			
1.	Enter the number of voting members of the governing body at the end of the tax year 1a 35	\vdash	Yes	No
14	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 33			
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?	\vdash		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	 ∋.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	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).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	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		
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed▶			
18	FL , PA Section 6104 requires an organization to make its Form 1023 (or 1024-A 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)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	▶Jeffrey S Taylor 109 University Square Erie, PA 16541 (814) 871-7213		OO	n (2019)

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. Isist all of the organization's current key employees, if any. See instructions for definition of "key employee." List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$100,000 of reportable compensation from the organizations. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours below dotted line) (B) Average hours per week (list any hours per week (list any hours below dotted line) (B) Average hours per week (list any hours per week (list any hours below dotted line) (C) Average hours per week (list any hours per week list any hours per week lis	Form 990 (2019)											Pag	ge 7
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0 - in columns (D), (E), and (F) if no compensation was paid. ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Name and title ■ (C) Position (do not check more than spendal properties of the organization of other organization of the organization o			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. List all of the organization's furrent key employees, if no. See instructions for definition of "key employee." List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 from the organization and any related organizations. List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization or any current officer, director, or trustee. (A) Name and title A Reportable compensation from the organization or any related organization or any new powers of the organization or any new powers or trustees or trustees that received, in the capacity as a former director, or trustee. (B) A Reportable compensation or trustee of the organization or trustee. (C) (B) A Reportable compensation or from the organization or end to the compensation organization organizat	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. [
■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (A) Name and title ■ (B) Average hours per week (list any hours for related organizations below dotted line) ■ (C) Reportable compensation from the organization from the organization of the organization has not officer and a director/trustee) ■ (D) Reportable compensation from the organization organization organization (W-2/1099-MISC) ■ (F) Estimated organization organizations (W-2/1099-MISC) ■ (F) Estimated organizations (W-2/1099-MISC) ■ (F) Estimated organization organizations (W-2/1099-MISC) ■ (F) Estimated organizations (W-2/1099-MISC) ■ (F) Estimated organization organization organization organization organization organization organization orga	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization. See instructions for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line) ■ Check this box if neither the organization below dotted line) ■ Check this box if neither the organization or any related organization of from the organization of from the organization or any related organization or any related organization of from the organization of from the organization of from the organization organi	year.		•						, ,		-	n's ta	Κ
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who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization from the organization and any related organizations. ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organizations. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any related organization nor any neither the organization nor any nei													
■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours below dotted line) (C) (D) (E) Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee) (C) (D) (E) Reportable compensation from the organization (W-2/1099-MISC) (W-2/1099-MISC) MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations.													
Average hours per week (list any hours for related organizations) below dotted line) Continue to the person of the order in which to list the persons above. Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·		
(A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) (B) Average hours per week (list any hours for related organizations below dotted line) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) Average hours per week (list any hours for related organization (W-2/1099-MISC) (B) Reportable compensation from the organizations (W-2/1099-MISC) (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
Name and title Average hours per week (list any hours for related organizations below dotted line) Name and title Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it steed		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estir amount compe fror	nated of oth nsation the	n
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	rel	ated	
	See Additional Data Table												
													—
													—

5-	Section & Officers Divers	hava Tuurahaa	. Kari	E 100 10 1				U:l	C		ad Emplayage /		inad\	rage o
Par	t VII Section A. Officers, Direct		, Key	Empi			and	Higr				conti		
	(A) Name and title	(B) Average	Positio	on (de	(C)		eck mo	ore	(C Repor		(E) Reportable		(F) Estima	
	Name and title	hours per					ss pers		comper		compensation		amount c	
		week (list					and a	ì	from		from related		compen	
	any hours for related			direct		_			organi (W-2/		organizations (W-2/1099-		from the organization and	
		organizations	약 ji	5	Officer	<u>\$</u>	[<u>5</u>	Former	MIS		MISC)		relat	ed
		below dotted line)	a di mo) ž	<u>₽</u>	e S	Dies Ser	arr.					organiza	ations
		""'e)	85	<u>₹</u>		뤛	80	٦.						
			ੌੜੇ	<u> </u>		Key employee	ă							
			Individual trustee or director	Institutional Truste		100	Highest compens employee							
				(a)			1 8							
							2							
See /	Additional Data Table													
												+		
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											+	+		
				-							+	+		
1b S	ub-Total			٠	٠.	-	<u></u> ▶		I		· ·	Τ		
	otal from continuation sheets to Pa						▶							
d T	otal (add lines 1b and 1c)						▶		2,58	35,079	C)		502,295
2	Total number of individuals (including of reportable compensation from the			e liste	ed a	bov	e) who	rece	eived more	than \$1	100,000			
	or reportable compensation from the	organización 🕨												
											-		Yes	No
3	Did the organization list any former										d employee on			
	line 1a? If "Yes," complete Schedule 3	for such individ	dual .	•	•	•	• •	•				3	Yes	
4	For any individual listed on line 1a, is										m the			
	organization and related organization													
	individual			•	•	•	•	•				4	Yes	
5	Did any person listed on line 1a receive									on or ind	lividual for			
	services rendered to the organization	?If "Yes," comp	ete Sch	edule) fc	or su	ich pei	rson			[5		No
Se	ction B. Independent Contract	ors												
1	Complete this table for your five high											pens	sation	
	from the organization. Report comper		alendar	year	end	ing	with o	r wit	thin the org	ganizatio			//	
	Name a	(A) and business addre	ess							Des	(B) cription of services		(C Comper	
Crossi	oads Construction Co								G	eneral Co	ntractor		8	,520,790
	x 1109													
	and, FL 33802										* 1			050 405
Metz a	and Associates LTD								-	ood servic	e provider		3	,950,495
	/oodland Drive , PA 18612													
	ng Systems Inc								G	eneral cor	ntractor		2	,674,800
7335	Old Perry Highway													, ,
	PA 16509													
Rabe	Environmental Systems Inc								G	eneral cor	ntractor	T		874,233
	West 23rd Street													
	A 16506									ducation :	convices			560 505
	t Anesthesia Program								ľ	ducation s	sei vices			569,505
	tate Street A 16550													
	otal number of independent contractor	s (including but	not lim	ited t	o th	ose	listed	abov	/e) who re	ceived m	nore than \$100,000	O of		
	ompensation from the organization $lacktrian$													
													Form 99	0 (2019)

		(2019)								Page 9
Part	VIII				a respo	onse or note to anv	line in this Part VIII			🗆
		Check if Series	auc	o contains	<u>a (CSPO</u>	nise of flotte to diff	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
16	1 a	a Federated campa	igns	S	1 a	99,565	l	revenue		512 - 514
ons, Gifts, Grants Similar Amounts	ı	b Membership dues	s .		1 b	0				
وق	•	c Fundraising even	ts .		1c	0				
ifts, ar A	1	d Related organizat	tions	5	1d	0				
	'	e Government grants			1e	6,798,181				
Contributions, Gifts, Grants and Other Similar Amounts	1	f All other contributio and similar amounts above	s not	included	1f	5,376,061				
ntributio 3 Other	9	g Noncash contributio lines 1a - 1f:\$	ns in	icluded in	1 g	300,546				
Cont		h Total. Add lines :	1a-1	f		•	12,273,807			
						Business Code				
4.	2a	Tuition and Fees				611310	123,499,608	123,499,608	0	0
enne	ь	Auxiliary Expense				611310	13,796,834	13,796,834	0	0
Rev										
vice	c									
æ	d	l								
Program Service Revenue	e									
Ą							0	0	0	0
		All other program								
		Total. Add lines 2 Investment income				137,296,442	1	T		Ι
	s	similar amounts) .				•	2,319,129		0	· · ·
		Income from invest Royalties							0	
	•	Royaldes	r i	(i) Re		(ii) Personal				-
	6.3	Gross rents	6a		80,594					
		Less: rental	Ua		60,394	,	<u>'</u>			
		expenses	6b		41,380)	0			
	c	Rental income or (loss)	6с		39,214		D			
	d	Net rental income	or (39,214	1	0	39,214
	,,	Gross amount		(i) Secur	ities	(ii) Other	_			
	'	from sales of assets other than inventory	7a	11,	741,000					
	b	Less: cost or other basis and sales expenses	7b	11,	051,661					
	c	Gain or (loss)	7c		689,339	,				
	d	Net gain or (loss)	•			· · · •	689,339	9	0	689,339
<u>e</u>	8a	Gross income from fu (not including \$	ındra	ising events 0 of						
Other Revenue		contributions reported See Part IV, line 18								
Re	l b	Less: direct expen			8a 8b					
her	l	Net income or (los			ing eve	ents				
	92	Gross income from	nami	ing activities						
		See Part IV, line 19			9a					
	l	Less: direct expen			9b					
	l c	: Net income or (los	ss) fr	om gaming	activiti	es >	1			
	10a	aGross sales of inve								
	 _b	Less: cost of good			10a 10b		_			
		Net income or (los				ory >				
		Miscellaneo				Business Code	170 07			472.277
	11	∙ a Bookstore Commi	issio	n		900099	9 173,377		0	173,377
	b	Wellness Center				900099	63,678	3	63,678	0
	c	Advertising				541800	59,37	3	59,373	0
		All other revenue					292,459	254,680	21,890	15,883
		Total. Add lines 1				•	588,883	7		
	12	! Total revenue. S	ee ir	istructions	• •	• • • •	153,206,818	137,551,12	144,941	3,236,942 Form 990 (2019)

Form 990 (2019)				Page 10
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must c		_		mn (A).
Check if Schedule O contains a response or note to an	y line in this Part IX			<u> U</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	200,000	200,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	51,167,941	51,167,941		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,017,025	1,080,517	740,048	196,460
6 Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7 Other salaries and wages	43,024,762	35,293,756	6,916,009	814,997
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,601,005	2,096,293	451,112	53,600
9 Other employee benefits	9,188,611	7,501,785	1,553,406	133,420
10 Payroll taxes	3,135,369	2,413,162	667,507	54,700
11 Fees for services (non-employees):				
a Management				
b Legal	193,975	5,964	188,011	0
c Accounting	116,745	4,000	112,745	0
d Lobbying				
e Professional fundraising services. See Part IV, line 17	19,520			19,520
f Investment management fees	60	0	60	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,727,934	3,251,808	1,298,868	177,258
12 Advertising and promotion	805,527	65,454	739,887	186
13 Office expenses	1,836,928	1,072,299	719,301	45,328
14 Information technology	1,615,548	989,536	626,012	0
15 Royalties	0	0	0	0
16 Occupancy	3,512,170	3,364,368	147,802	0
17 Travel	1,647,291	1,447,619	144,408	55,264
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	646,945	579,712	51,185	16,048
20 Interest	3,519,188	3,519,188	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	5,630,618	4,762,204	868,414	0
23 Insurance	849,120	246,030	603,090	0
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Cafeteria	2,628,032	2,628,032	0	0
b Equipment	2,341,995	1,610,079	727,745	4,171
c Maintenance	3,458,366	3,458,366	0	0
d Recruiting	60,120	60,120	0	0
e All other expenses	263,025	95,575	138,485	28,965
25 Total functional expenses. Add lines 1 through 24e	145,207,820	126,913,808	16,694,095	1,599,917
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).				

Form 990 (2019)

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Liabilities 22

Fund Balances

ō 29

Assets 30 Intangible assets .

Grants payable .

year

Page 11

4,225

27,393,327

2,449,201

7,365,395

1,203,712

151,817,897

84,390,372 263.228

1,722,324

276,609,681

17,525,991

82.689.708

2,262,218

102.477.917

127,305,100

46,826,664

174,131,764

276,609,681

Form 990 (2019)

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

	Beginning of year		End of
Cash-non-interest-bearing	4,225	1	
Savings and temporary cash investments	28,695,596	2	
Diadaga and anata assainable ast	1 451 363		

Pledges and grants receivable, net . 3.226.916 Accounts receivable, net Loans and other payables to any current or former officer, director, trustee,

key employee, creator or founder, substantial contributor, or 35% controlled 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 6 7

Notes and loans receivable, net

Assets Inventories for sale or use . .

Prepaid expenses and deferred charges .

10a

10b

basis. Complete Part VI of Schedule D

10a Land, buildings, and equipment: cost or other b Less: accumulated depreciation

Investments—publicly traded securities .

12 Investments—other securities. See Part IV, line 11 .

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

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

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Organizations that follow FASB ASC 958, check here <a> \square and

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

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

Organizations that do not follow FASB ASC 958, check here > \(\begin{align*} \text{and} \\ \text{and} \end{align*}

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

Retained earnings, endowment, accumulated income, or other funds

11

Investments—program-related. See Part IV, line 11

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

Accounts payable and accrued expenses

Deferred revenue . . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

252,201,539 100,383,642

1,150,740 146,640,156

272.186

1,936,647

272,934,477

17,125,069

84.832.717

2,441,495

104.399.281

122,595,196

45.940.000

168,535,196

272,934,477

9 10c 89,556,748 11

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Audit Act and OMB Circular A-133? 3a Yes b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b Yes

Form 990 (2019)

Additional Data

Software ID: 19009572 **Software Version:** v1.00

EIN: 25-0496976

Name: GANNON UNIVERSITY

Form 990 (2019)

Form 990, Part III, Line 4a: Instruction and other supported programs: Gannon University is an institution of higher education providing associate, baccalaureate, and graduate education to 4,251 students. The university employs approximately 241 full-time and 159 part-time faculty members.

Auxiliary Enterprises: Gannon University provides service to students and staff including primary dormitory accommodations for XX students and associated food services

Form 990, Part III, Line 4b:

during the academic 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.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to
others, the total expenses, and revenue, if any, for each program service reported.
,,,,,,,

Gannon received two insurance reimbursements of 150K and a few miscellaneous receipts.

(Code:) (Expenses \$	545,989	including grants of \$	0) (Revenue \$	0)
esearch					
(Code:) (Expenses \$	0	including grants of \$	0) (Revenue \$	254,686)

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

and a director/trustee)

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organization

(W- 2/1099-

189,588

179,745

164,834

171.780

169,894

181,963

133,932

organizations

(W- 2/1099-

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43,937

35,530

28,017

10,773

53,656

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

and Independent Contractors

VP Enrollment

Ralph Nichols

Karinna Vernaza

Valerie Bacik

VP Student Development

VP Planning & Finance

Richard Johnson

Linda Wagner

Professor Elec & Comp Engineering

Dean-College of Eng and Business

Professor, DR of Physical Therapy

Former VP for Finance and Administration

......

Fong Mak

	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
Keith Taylor President	37.50	Х		х				438,257	0	47,608
Walter Iwanenko VP Academic Affairs	37.50			х				202,317	0	49,482
Steven Mauro VP Academic Administration	37.50			х				203,515	0	46,738
William Edmondson	37.50									

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation 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,

and Independent Contractors

Board Member

Board Member

Board Member

Board Member

Richard E Beattie

Rev Msgr Robert L Brugger

Candace D Battles

	any hours					ustee)		organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	1 ()	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Sarah Ewing Dean-College of Health Professions	37.5					×		157,569	0	23,278
Mahesh Aggarwal Professor-Mechanical Engineering	37.5					х		157,106	0	22,724
	27.50	i e				1				

Dean-College of Health Professions					^	137,309	Ü	
Mahesh Aggarwal	37.5				Х	157,106	0	
Professor-Mechanical Engineering					,	15,7100		
R Scott Rash	37.50			<		144 000	0	
VP University Advancement (through 9-30-19)				Х		144,000	U	
Kory Stauffer	37.50							
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Professor-Mechanical Engineering							·		
R Scott Rash	37.50			¥			144,000	0	
VP University Advancement (through 9-30-19)				^			144,000		
Kory Stauffer	37.50	V					02.074	0	
Board Member/President Faculty Senate		X					82,871	U	
Barbara Beuscher	37.5						6.536		
	l	ĺ	1	X	l	ı	6,576	0	

N Scott Nasii			х		144,000	0	30,619
VP University Advancement (through 9-30-19)			^`		11.,,000	J	55,615
Kory Stauffer	37.50						
Board Member/President Faculty Senate	••••••	Х			82,871	O	14,098
Barbara Beuscher	37.5		x		6,576	0	2,116
VP University Advancement (as of 12-2-19)			^		0,570		2,110

VP University Advancement (through 9-30-19)							
Kory Stauffer	37.50	×			82,871	0	14.098
Board Member/President Faculty Senate		,,			02,012	Ū	
Barbara Beuscher	37.5		<		6,576	0	2,116
VP University Advancement (as of 12-2-19)			^		0,376	0	2,110
David Long	2.0						

Board Member/President Faculty Senate					02,071	Ŭ	14,050
Barbara Beuscher VP University Advancement (as of 12-2-19)	37.5		Х		6,576	0	2,116
David Long	2.0	Х			1,132	0	0
Board Member/Student Government President					· '		I

			x		6,576	n	2,116
VP University Advancement (as of 12-2-19)			^		5,5.0		
David Long	2.0				1,132	0	0
Board Member/Student Government President					1,102	J	
Robert P Barker	2.0						

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable amount of other hours per than one box, unless compensation 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					ustee)		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
Walter W Cooper Board Member	2.0	Х						0	0	0
Tina M Donikowski Board Member	2.0	Х						0	0	0
Sr Mary Drexler	2.0	Y						0	0	0

Board Member						
Tina M Donikowski	2.0	x			0	
Board Member		^			, and the second	
Sr Mary Drexler	2.0	×			0	
Board Member		Α.				
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Board Member					
Sr Mary Drexler	2.0	V			
Board Member		X			
Dana M Fallon	2.0	X			
Board Member		^			
Very Rey Michael Ferrick	2.0				

and Independent Contractors

Very Rev Michael Ferrick

Gwendolyn M Garbarino

Board Member

James Fiorenzo

Board Member

Board Member

James Grunke

Board Member

Thomas C Guelcher

Vice Chairperson

Timothy J Hilty

Board Member

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

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

	,				,		,	(1)	(144 - 2/4 000		
	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	
Rev Scott W Jabo Board Member	2.0	х						0	0	0	
Stacy M Juchno Board Member	2.0	х						0	0	0	
Hannah Kirby Board Member	2.0	х						0	0	0	
	2 በ										

Scott M Krall Board Member Thomas J Loftus

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Board Member

Board Member

Board Member

Secretary

Mark J Minnaugh

Timothy NeCastro

Richard G Orlando

Board Member

Board Member

Pierre McCormick

Msgr Edward M Lohse

and Independent Contractors

and Independent Contractors

(A)

Name and Title

Average hours per than one box, unless week (list person is both an officer week (list person is both an officer from the from related compensation compensation from the from related compensation compensation compensation from related compensation compensation compensation compensation from the from related compensation compensation compensation compensation compensation compensation compensation from the from related compensation c

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

	hours per week (list any hours	pers	on is	both	n an or/tr	nless office ustee	er)	compensation from the organization	compensation from related organizations	amount of other compensation 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
Most Rev Lawrence T Persico Chairperson	2.0	Х		х				0	0	0
Kiran K Rajasenan Board Member	2.0	Х						0	0	0
Rev Nicholas J Rouch Board Member	2.0	Х						0	0	0
James J Rutkowski Board Member	2.0	Х						0	0	0
James A Scozzie Board Member	2.0	Х						0	0	0
Antoinette Spevetz	2.0	Х						0	0	0

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Board Member

Board Member

Board Member

Rev Marc Stockton

Margaret A VanderLaan

efil	efile GRAPHIC print - DO NOT PROCESS			DLN: 9	DLN: 93493127001331				
SCI	HED	ULE A	Divi	hlic (harity Statu	e and Dul	olic Supp	ort	OMB No. 1545-0047
	m 99		Complete i	f the or	ganization is a sect 4947(a)(1) nonexe ▶ Attach to Form !	· a section	2019		
		f the Treasury	► Go to <u>и</u>	<u>ww.irs.</u>	<i>gov/Form990</i> for in	nstructions and	I the latest info	ormation.	Open to Public Inspection
Nam	e of th	nie service he organiza VERSITY	tion					Employer identific	ation number
								25-0496976	
	rt I				s (All organization it is: (For lines 1 thro			See instructions.	
1 1	organiz		•		sociation of churches	-		(A)(i)	
2		,		,				(A)(I).	
	$\overline{\mathbf{V}}$.)(A)(ii). (Attach Sch	,	, ,	:::>	
3		·			ice organization descr			-	anton the color of the He
4	Ш	name, city,		operate	d in conjunction with	a nospital descri	bed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5			ation operated for the (iv). (Complete Part		of a college or univer	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170
6		A federal, s	tate, or local govern	ment or	governmental unit de	scribed in sectio	on 170(b)(1)(A	ı)(v).	
7			ation that normally re O(b)(1)(A)(vi). (C			s support from a	governmental u	nit or from the gener	al public described in
8					170(b)(1)(A)(vi).	(Complete Part I	I.)		
9					scribed in 170(b)(1) e instructions. Enter			with a land-grant coll college or university:	ege or university or a
10		from activit investment	ies related to its exe	mpt func d busine	ctions—subject to cert ess taxable income (le	tain exceptions,	and (2) no more	is, membership fees, than 331/3% of its su sees acquired by the c	
11		An organiza	ation organized and o	perated	exclusively to test for	r public safety. S	ee section 509	(a)(4).	
12		more public	ly supported organiz	ations d		09(a)(1) or sec	ction 509(a)(2	s of, or to carry out th). See section 509(a s 12e, 12f, and 12g.	
a		Type I. A so	supporting organizati	on opera Jularly aj	ted, supervised, or co	ontrolled by its s	upported organiz	zation(s), typically by of the supporting orga	
b		Type II. A manageme	supporting organizat	ion supe organiza	tion vested in the san			organization(s), by havinge the supported orga	~
С		Type III f	unctionally integra	ted. A si				nd functionally integra	ted with, its
d		Type III n	on-functionally int integrated. The orga	egrated anization	. A supporting organi	zation operated fy a distribution	in connection wi	th its supported orgar an attentiveness req	
е		Check this	box if the organization	n receiv		ation from the I		pe I, Type II, Type II	I functionally
f	Enter		of supported organiz			-		<u> </u>	
g	Provi	de the follow	ing information abou	t the sup	oported organization(s).			
	(i) N	Name of supp organization		EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))			(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
Tota			tion Act Notice, sec			Cat. No. 11285			90 or 990-EZ) 2019

Sch	edule A (Form 990 or 990-EZ) 2019						Page 2
P	art II Support Schedule for	Organizations	Described in S	Sections 170(b)(1)(A)(iv) ar	nd 170(b)(1)(A	(vi)
	(Complete only if you ch						under Part III.
	If the organization failed	to qualify unde	r the tests listed	below, please	complete Part I	II.)	
	ection A. Public Support Calendar year		I				
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) 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	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from						
	line 4.						
<u>s</u>	ection B. Total Support		T		1	1	
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain or						-
	loss from the sale of capital assets						
	(Explain in Part VI.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	or the organization	's first, second, th	ird, fourth, or fifth	n tax year as a sec	tion 501(c)(3) org	anization,
	check this box and stop here					▶ [
S	ection C. Computation of Publi						
14	Public support percentage for 2019 (li	ne 6, column (f) di	vided by line 11,	column (f))		14	-
15	Public support percentage for 2018 Sc	hedule A, Part II,	line 14			15	
16a	33 1/3% support test—2019. If the						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
b	33 1/3% support test—2018. If th	e organization did	not check a box o	on line 13 or 16a,	and line 15 is 33 i	1/3% or more, chec	k this
	box and stop here. The organization	qualifies as a pub	licly supported or	ganization			▶ 🗆
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported							
	organization			-			►□
h	10%-facts-and-circumstances tes	st— 2018. If the o	rganization did no	t check a box on I	ine 13, 16a, 16b,	or 17a, and line	
_	15 is 10% or more, and if the organiz	zation meets the "i	facts-and-circums	tances" test, chec	k this box and sto	p here.	
	Explain in Part VI how the organization			-		• •	. \Box
_	supported organization		haven 15 40-4	C- 10b 47 4	76		▶⊔
18	_						. □
	instructions		<u> </u>		- Cabadu	lo A (Form 000 o	▶ ⊔

Р	art III Support Schedule for							
	(Complete only if you cl						er Part II. If	
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)			
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010	() 2010	(O.T.)	
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not include any "unusual grants.").							
2	Gross receipts from admissions,							
	merchandise sold or services							
	performed, or facilities furnished in any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that are							
	not an unrelated trade or business							
4	under section 513 Tax revenues levied for the							
•	organization's benefit and either paid							
_	to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and							
L	3 received from disqualified persons Amounts included on lines 2 and 3							
D	received from other than disqualified							
	persons that exceed the greater of							
	\$5,000 or 1% of the amount on line 13 for the year.							
c	Add lines 7a and 7b							
8	Public support. (Subtract line 7c							
	from line 6.)							
Se	ection B. Total Support		1				Г	
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
9	Amounts from line 6							
10a	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties and income from similar sources.							
b	Unrelated business taxable income							
	(less section 511 taxes) from							
	businesses acquired after June 30, 1975.							
С	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							
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,							
13	11, and 12.).							
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>	
	check this box and stop here						▶ ⊔	
	ection C. Computation of Public S			! (6))		15		
15								
16		-	<u> </u>			16		
	Investment income percentage for 201			line 13 column (f	:))	17		
17 10								
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not	
	more than 33 1/3%, check this box and s							
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the							
ט	not more than 33 1/3%, check this box	-			•		_	
20		-	-					
	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 🕨 🗌							

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

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the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,	
	describe the designation. If historic and continuing relationship, explain.	1

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 Part VI how the organization determined that the supported organization was described

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

3a 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 Part VI when and how the organization made the determination. 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.

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. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b 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 **Part VI** what controls the organization used to ensure that all support

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10b

Schedule A (Form 990 or 990-EZ) 2019

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and 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

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported 5a amendment to the organizing document). 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

5с Substitutions only. Was the substitution the result of an event beyond the organization's control?

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) 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 organization's supported organizations? If "Yes," provide detail in Part VI. 6

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

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 8

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

provide detail in Part VI.

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

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

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

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

which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c

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

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 10a

	edule A (101111 550 01 550 E2) 2015			age 3		
Pa	rt IV Supporting Organizations (continued)					
_			Yes	No		
	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				
	A family member of a person described in (a) above?	11b				
	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					
			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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1				
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-				
2	perated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit arried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting					
	organization.	2				
S	ection C. Type II Supporting Organizations					
_			Yes	No		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of					
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	1				
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).					
S	ection D. All Type III Supporting Organizations		v			
_			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?					
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 Part VI 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 Part VI the role the organization's supported organizations played in this regard.	3				
S	ection E. Type III Functionally-Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see 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	instru	ctions)			
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No		
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a				
ı	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? <i>Provide details in Part VI</i> .	3a				
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3h				

3b

	ule A (Form 990 or 990-EZ) 2019			Pag
ar	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		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter $1-1/2\%$ of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
5	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
3	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	ntegrate	ed Type III supporting o	rganization (see

2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6.	

7 Total annual distributions. Add lines 1 through 6.							
8 Distributions to attentive supported organizations to wh details in Part VI). See instructions	sive (provide						
9 Distributable amount for 2019 from Section C, line 6							
10 Line 8 amount divided by Line 9 amount							
Section E - Distribution Allocations (see instructions)	Underdistributions						
1 Distributable amount for 2019 from Section C, line 6							
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI).							

8 Distributions to attentive supported organizations to wh details in Part VI). See instructions	sive (provide							
9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019					
1 Distributable amount for 2019 from Section C, line 6								
Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.								
3 Excess distributions carryover, if any, to 2019:								
a From 2014	a From 2014							
b From 2015								
c From 2016		-						

10 Line 8 amount divided by Line 9 amount					
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
1 Distributable amount for 2019 from Section C, line 6					
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.					
3 Excess distributions carryover, if any, to 2019:					
a From 2014					
b From 2015					
c From 2016					
d From 2017					
e From 2018					
f Total of lines 3a through e					
g Applied to underdistributions of prior years					

h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a Applied to underdistributions of prior years **b** Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4.

instructions)

d Excess from 2018. e Excess from 2019.

\$

5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.		
6 Remaining underdistributions for 2019. 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 2020. Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2015		
b Excess from 2016		
c Excess from 2017.		

Schedule A (Form 990 or 990-EZ) (2019)

Additional Data

Software ID: 19009572 **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).

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 **SCHEDULE D**

As Filed Data -

DLN: 93493127001331

OMB No. 1545-0047

2019

Supplemental Financial Statements

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

Attach to Form 990.

Open to Public

Schedule D (Form 990) 2019

Cat. No. 52283D

Department of the Treasury

(Form 990)

-	al Revenue Service	► Go to <u>www.irs.gov/Form</u>	<u>1990</u> for instructio	ns and the latest info	rmation.	Ins	spection
	me of the organ	ization			Employer i	identification	number
GAN	NON UNIVERSITY				25-0496976	6	
Pa	rt I Organi	zations Maintaining Donor Advi	sed Funds or Ot	her Similar Funds o	or Accounts		
	Comple	te if the organization answered "Ye		•			
			(a) Donor	advised funds	(b) Fu	nds and other	accounts
		end of year					
<u>'</u>		of contributions to (during year)					
		of grants from (during year)					
ŀ		at end of year					
5		ation inform all donors and donor adviso roperty, subject to the organization's ex					Yes 🗌 No
i	charitable purpo	ation inform all grantees, donors, and do oses and not for the benefit of the donor	or donor advisor, o	r for any other purpose		permissible	Yes 🗌 No
Pa		vation Easements.					
		te if the organization answered "Ye	·				
•		onservation easements held by the organ	•				
	☐ Preservation	on of land for public use (e.g., recreation	n or education)	Preservation of ar	historically in	nportant land a	area
	☐ Protection	of natural habitat		Preservation of a	certified histor	ric structure	
	☐ Preservation	on of open space					
2		2a through 2d if the organization held a e last day of the tax year.	qualified conservation	on contribution in the fo		rvation d at the End o	of the Year
а	Total number of	conservation easements			2a		
b	Total acreage re	stricted by conservation easements			2b		
С	Number of conse	ervation easements on a certified histori	c structure included	in (a)	2c		
d		ervation easements included in (c) acqui in the National Register	red after 7/25/06, a	nd not on a historic	2d		
1	Number of cons tax year ►	ervation easements modified, transferre	d, released, extingu	ished, or terminated by	the organizati	ion during the	
ļ	Number of state	es where property subject to conservatio	n easement is locat	ed ▶			
5		zation have a written policy regarding that of the conservation easements it holds			of violations,	☐ Yes	□ No
,	Staff and volunt	teer hours devoted to monitoring, inspec	ting, handling of vic	lations, and enforcing c	onservation ea		
,	Amount of expe	enses incurred in monitoring, inspecting,	handling of violation	ns, and enforcing conser	vation easeme	ents during the	e year
			above esticity the m	animamanta of costion 1	70/h)/4\/p\/;\	`	
•	and section 170	ervation easement reported on line 2(d) i(h)(4)(B)(ii)?				☐ Yes	□ No
)	balance sheet, a	scribe how the organization reports cons and include, if applicable, the text of the n's accounting for conservation easemen	footnote to the orga				
ar	t IIII Organi	zations Maintaining Collections te if the organization answered "Ye	of Art, Historica		ner Similar .	Assets.	
.a	If the organizati	ion elected, as permitted under SFAS 11 easures, or other similar assets held for	6 (ASC 958), not to public exhibition, ed	report in its revenue sta lucation, or research in			
b	If the organizati	XIII, the text of the footnote to its finantion elected, as permitted under SFAS 11	6 (ASC 958), to rep	ort in its revenue staten	nent and balar	nce sheet work	s of art,
,	following amour	res, or other similar assets held for publics relating to these items:	·	·	•		
		led on Form 990, Part VIII, line 1			-		
(i		in Form 990, Part X			-		
2	following amour	ion received or held works of art, historionts required to be reported under SFAS	116 (ASC 958) relat	ing to these items:		ovide the	
а	Revenue include	ed on Form 990, Part VIII, line 1			► \$ _.		0
b	Assets included	in Form 990, Part X			▶\$		0

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

 $\boldsymbol{c} \ \ \text{Leasehold improvements}$ \boldsymbol{d} Equipment

e Other . .

	edule D (Form 990) 2019							Page 2
	-	intaining Collections o						
3	Using the organization's acquitems (check all that apply):	sition, accession, and other	·	any of th	e following t	that are a sig	nificant use of it	s collection
а	✓ Public exhibition		d	Цι	oan or exch	ange prograr	ns	
b	Scholarly research		е		Other			
С	✓ Preservation for future	generations						
4	Provide a description of the or Part XIII.	rganization's collections and	explain how th	ey furthe	r the organi	zation's exem	npt purpose in	
5	During the year, did the organ assets to be sold to raise fund						□ Y e	es 🗹 No
Pai		dial Arrangements. anization answered "Yes	" on Form 99	0, Part I'	V, line 9, o	r reported a	an amount on I	Form 990, Part
1 a	Is the organization an agent,						_	_
	included on Form 990, Part X	<i>.</i>					· · · · Ye	es 🗆 No
b	If "Yes," explain the arrangen	nent in Part XIII and comple	ete the following	g table:			Amount	
C	Beginning balance					1c		
d	Additions during the year . $$.					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include a	in amount on Form 990, Pai	t X, line 21, for	escrow c	r custodial a	account liabili	ty? 🗌 Y e	es 🗌 No
b	If "Yes," explain the arrangen	nent in Part XIII. Check her	e if the explana	tion has b	een provide	d in Part XIII	🗆	
	rt V Endowment Fund							
		anization answered "Yes	" on Form 99	0, Part I	v, line 10.			
		(a) Currer		Prior year) Three years back	
1a	Beginning of year balance .		,597,398	63,420,9		50,225,662	56,565,580	58,150,830
b	Contributions		981,057	1,056,9		1,443,992	1,080,642	1,715,209
С	Net investment earnings, gains	, and 103363	,001,918	3,046,5		4,600,129	6,923,000	-1,249,616
d	Grants or scholarships	1	,753,604	1,672,0	40	1,529,303	1,275,126	1,019,124
е	Other expenditures for facilities and programs	1	,287,396	1,254,9	60	1,286,697	3,029,434	974,590
f	Administrative expenses		0		0	32,833	39,000	57,129
g	End of year balance	63	,539,373	64,597,3	98	53,420,950	60,225,662	56,565,580
2 a	Provide the estimated percent Board designated or quasi-en	•	l balance (line 1	Lg, colum	n (a)) held a	is:		
b	Permanent endowment ►	54.6 %						
c	Temporarily restricted endow	ment ▶ 11.98 %						
	The percentages on lines 2a,	2b, and 2c should equal 100	0%.					
3a	Are there endowment funds no organization by:	ot in the possession of the	organization tha	at are hel	d and admin	istered for th	е	Yes No
	(i) unrelated organizations						3	a(i) No
	(ii) related organizations .						3:	a(ii) No
b	If "Yes" on 3a(ii), are the rela	-	•					3b
4	Describe in Part XIII the inter		n's endowment	funds.				
Pai	rt VI Land, Buildings, a		" on Form CO	0 Davt 11	/ line 11-	Coo Form	000 Bart V !:-	20.10
	Description of property	anization answered "Yes (a) Cost or other basis (investment)	(b) Cost or othe			. See Form cumulated depr		10. (d) Book value
				12.277	220			10.077.000
	Buildings	0		13,277 195,431		72	,798,087	13,277,238
v	Dundings	U	1	エンジ,マジエ,	,	/ 3	,,,,,,,,,	121,000,240

0

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

34,087,281

9,405,685

9,248,781

7,658,630

24,838,500

1,747,055

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, I	Part IV lin	e 11h See Form 990 I	Part X line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Metho	d of valuation: -year market value
	l derivatives			
(2) Closely- (3) Other	held equity interests			
(A)				
(B)				
(C) (D)				
E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII		Part IV, lin	e 11c. See Form 990, (b) Book value	Part X, line 13. (c) Method of valuation: Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
5)				
6)				
7)				
8)				
9)				
otal. (Colum Part IX	n (b) must equal Form 990, Part X, col.(B) line 13.) Other Assets.		•	
Partix	Complete if the organization answered 'Yes' on Form 990, P (a) Description	art IV, line	e 11d. See Form 990, Par	t X, line 15. (b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities.			•
	Complete if the organization answered 'Yes' on Form 990, P	art IV, line	e 11e or 11f.See Form	990, Part X, line 25. (b) Book
1. (1) Federal	(a) Description of liability income taxes			value
(2) Federal l	oan program			2,262,218
(3)				
5)				
(5) (6)				
(7)				
(8)				
(10)				
	n (b) must equal Form 990, Part X, col.(B) line 25.)			2,262,218
	or uncertain tax positions. In Part XIII, provide the text of the footnot	e to the org		

b

b

5

1 2

C

d

b

5

Part XIII

See Additional Data Table

3 4

Part XII

Schedule D (Form 990) 2019

Page 4

41,380

94,039,880

51,167,940

145.207.820

Schedule D (Form 990) 2019

d	Other (Describe in Part XIII.)	2d	-51,167,940		
е	Add lines 2a through 2d		 	2e	
3	Subtract line 2e from line 1		 . [3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				

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

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

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

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

Total expenses and losses per audited financial statements

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:

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

Supplemental Information

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

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.

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

Donated services and use of facilities . . .

Prior year adjustments

Other (Describe in Part XIII.) . . .

Add lines 2a through 2d .

Return Reference

Subtract line 2e from line 1 .

-2.402.429

41,380

51,167,940

2e

3

4c

5

0

2a

2h

2c

2a 2b

2c

2d

4a

4b

Explanation

-53,570,369 153,248,198

s included on Form 990, Fart VIII, line 12, but not on line 1.						
nent expenses not included on Form 990, Part VIII, line 7b	4a					0
Describe in Part XIII.)	4b				-41	,380
s 4a and 4b						
venue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)						
Reconciliation of Expenses per Audited Financial Statem	ents	With	ı Ex	per	ises p	er R
Complete if the organization answered 'Yes' on Form 990, Part	IV, I	ine 1	2a.	-	-	

4c	-41,38
5	153,206,81
etur	n.
1	94,081,26

chedule D (Form 990) 2019	Page 5	
Part XIII Supplemental Information (continued)		
Return Reference Explanation		

Schedule D (Form 990) 2019

Additional Data

and similar assets.

Software Version: v1.00 **EIN:** 25-0496976 Name: GANNON UNIVERSITY

Software ID: 19009572

Supplemental Information

Return Reference

Explanation

Schedule D, Part III, Line 1 The University follows a policy of not recording or capitalizing its collections of works of art, historical treasures,

Supplemental Information	
Return Reference	Explanation
	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 th e achievements of the University's faculty, students, and staff, as well as its relationsh ip 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.

Sι

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 sustaine d upon examination by the appropriate taxing authority. Measurement of the tax uncertainty occurs if the recognition threshold has been met. Management determined there were no tax uncertainties that met the recognition threshold at June 30, 2020 and 2019. At June 30, 2020, the University had net operating loss carryforwards resulting from its unrelated busi ness activities which may be applied against future years' taxable income. A valuation all owance has been recorded to offset the resulting deferred tax asset due to the uncertainty of the future use of these net operating losses. The University's policy is to recognize interest related to unrecognized tax benefits in interest expense and penalties in operating expenses.	

ipplemental Information	
Return Reference	Explanation
chedule D, Part XI, Line 2d	Financial aid, \$51,167,940

Su

pplemental Information	
Return Reference	Explanation
chedule D, Part XI, Line 4b	Rental expenses, \$41,380

Sui

pplemental Information	
Return Reference	Explanation
chedule D, Part XII, Line 2d	Rental expenses, \$41,380

Sui

pplemental Information	
Return Reference	Explanation
chedule D, Part XII, Line 4b	Financial aid, \$51,167,940

Su

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493127001331 OMB No. 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest information. Inspection Department of the Treasury Namel Retherosganization **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? 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," 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 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c Yes 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: 5a Nο **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? . 5c Νo **d** Scholarships or other financial assistance? . 5d Νo e Educational policies? . . 5e No f Use of facilities? . . 5f No 5g Νo 5h Νo If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. **6a** Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes b Has the organization's right to such aid ever been revoked or suspended? 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. Cat. No. 50085D Schedule E (Form 990 or 990-EZ) (2019)

Schedule E (Form 990 or 990EZ) (2019) Page 2							
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.							
Return Reference	Explanation						
Schedule E, Part I, Line 3	Publication in Erie Times 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.						

Schedule F (Form 990 or 990-F7) (2019)

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury

GANNON UNIVERSITY

Name of the organization

Internal Revenue Service

Supplemental Information Regarding

Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ.

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

DLN: 93493127001331 OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

					25-0496976	
Part I Fundraising Activi	•	_			orm 990, Part IV, line 1	.7.
1 Indicate whether the organiza	ation raised funds thr	ough an	y of the f	ollowing activities. Check	all that apply.	
a Mail solicitations			e	Solicitation of non-	-government grants	
b Internet and email solicita	ations		f	Solicitation of gove	ernment grants	
c Phone solicitations			g	Special fundraising	g events	
d In-person solicitations						
2a Did the organization have a w or key employees listed in Fo.					· · · · · · · · · · · · · · · · · · ·	s □ No
b If "Yes," list the 10 highest pa to be compensated at least \$1			draisers)	pursuant to agreements	under which the fundraise	r is
i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai custo cont) Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
Wilson-Bennett Technology 2239 Bill Foster Memorial Hwy	Phonathon support	Yes	No No	87,772	19,520	68,25.
Cabot, AR 72023						
,						
				87,772	19,520	68,252

	rt II Fundraising Events. Compl				
	than \$15,000 of fundraising		d gross income on Form	990-EZ, lines 1 and	6b. List events with
	gross receipts greater than \$	(a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
Keverkie					
200					
¥					
	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
	4 Cash prizes				
ş	5 Noncash prizes				
Experises	6 Rent/facility costs				
Š	7 Food and beverages				
Zieg Zieg	Sentertainment				
2	Other direct expenses	through O in column (d)			
	11 Net income summary. Subtract line 10				
Pai	rt III Gaming. Complete if the org			V, line 19, or reported	l i more than \$15,000
	on Form 990-EZ, line 6a.	1			1
E		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue					
<u>.</u>	1 Gross revenue				
TSe.	2 Cash prizes				
7	3 Noncash prizes				
វ	3 Noncash prizes				
ង ប្ដូ	4 Rent/facility costs				
ži Delo	4 Rent/facility costs				
វ រូវ ភ្ន			☐ Yes%	☐ Yes%	
វ រដ្ឋភ្ជុំ 	4 Rent/facility costs	☐ Yes%	☐ Yes % ☐ No	☐ Yes %	
<u>1</u> 1910 –	4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor	□ No	1_		
	4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2	No	□ No	□ No ►	
	4 Rent/facility costs	No through 5 in column (d)	No	No	
	4 Rent/facility costs	No through 5 in column (d) t line 7 from line 1, column tion conducts gaming activities	No	No ▶ ▶	Ves □No
a b	4 Rent/facility costs	through 5 in column (d) through 5 in column (d)	nn (d)	No	☐ Yes ☐ No
9 a	4 Rent/facility costs	through 5 in column (d) thine 7 from line 1, column tion conducts gaming activation activities in each column	No nn (d)	No	
9 a	4 Rent/facility costs	through 5 in column (d) thine 7 from line 1, column cion conducts gaming activities in each column censes revoked, suspend	No nn (d)	No	
a b	4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 8 Net gaming income summary. Subtract the state(s) in which the organization licensed to conduct of If "No," explain:	through 5 in column (d) thine 7 from line 1, column cion conducts gaming activities in each column censes revoked, suspend	No nn (d)	No	

Sche	dule G (Form 990 or 990-EZ) 20	19				F	age 3
11	Does the organization conduct	gaming activities with nonmembers	5?		Yes	Пио	
12	Is the organization a grantor, be formed to administer charitable		member of a partnership or other entity		Yes		
13	Indicate the percentage of gam	ning activity conducted in:					
а	The organization's facility .			13a			%
b	An outside facility			13b			%
14	Enter the name and address of	the person who prepares the organ	nization's gaming/special events books and	records:			
	Name •						
	Address >						
15a			m the organization receives gaming		·∏yes	Пио	
b	If "Yes," enter the amount of g	aming revenue received by the orgained by the third party $ ightharpoons$	anization 🕨 \$ and	the			
С	If "Yes," enter name and addre	ss of the third party:					
	Name •						
	Address ▶						
16	Gaming manager information:						
	Name 🟲						
	Gaming manager compensation	1 ▶ \$					
	Description of services provided	d ▶					
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions:						
а	<u>-</u>		stributions from the gaming proceeds to		□Yes	Пио	
b	Enter the amount of distributio	ns required under state law distribu	ited to other exempt organizations or spent	:	☐ 1e3		
		pt activities during the tax year					
Pai			ions required by Part I, line 2b, colum licable. Also provide any additional inf				s.
	Return Reference		Explanation				

efile GRAPHIC print - DO	NOT PROCESS	As Filed Data -					DLN: 93493127001331		
Note: To capture the full o	ontent of this d	ocument, please se	elect landscape mode	e (11" x 8.5") whe	en printing.		-		
Schedule I		Cronto and	Other Assistance	o to Organia	otiono		OMB No. 1545-0047		
(Form 990)			Other Assistance		•		2010		
`	Governments and Individuals in the United States								
	Co	mplete if the organiza	ation answered "Yes," o		, line 21 or 22.		Open to Public		
Department of the		N C. 1	► Attach to Form				Inspection		
Treasury Internal Revenue Service		Go to ww	<u>w.irs.gov/Form990</u> for	the latest information	on.				
Name of the organization						Employer i	dentification number		
GANNON UNIVERSITY						25-049697	76		
Part I General Inform	ation on Grants	and Assistance							
Does the organization main the selection criteria used						e, and	.		
	_						☑ Yes ☐ No		
2 Describe in Part IV the org	<u>'</u>				1.157.1		7/11/2016		
			nd Domestic Governme ditional space is needed.	nts. Complete if the o	rganization answered "Yes"	on Form 990, Part	IV, line 21, for any recipient		
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description noncash assista			
(1) City of Erie 626 State Street Erie, PA 16501	25-6000857		200,000				Fire and emergency support. Gannon is an anchor institution and we support our community.		
2 Enter total number of secti	on 501(c)(3) and go	overnment organizations	s listed in the line 1 table .			•	1		
3 Enter total number of othe	r organizations liste	d in the line 1 table .					0		
For Paperwork Reduction Act Notic	e, see the Instruction	ns for Form 990.		Cat. No. 50055	5P		Schedule I (Form 990) 2019		

(1) Student Grants and Scholarships

Schedule I (Form 990) 2019

Part III

(2)

(3)

(4)

(5)

(6)

(7)

Return Reference

Schedule I, Part I, Line 2

Schedule I (Form 990) 2019

Page 2

Explanation

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

Part IV

(b) Number of

recipients

2711

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(c) Amount of

cash grant

51,167,941

LEADERSHIP AWARDS. IN ADDITION, NEED-BASED AID IS CONSIDERED FOR STUDENTS WHO DEMONSTRATE FINANCIAL NEED BY FILING THE REQUIRED

(d) Amount of

noncash assistance

GANNON AWARDS SCHOLARSHIPS TO FRESHMEN AND TRANSFER STUDENTS WHO MEET ELIGIBILITY STANDARDS FOR MERIT BASED AID SUCH AS ACADEMIC AND

APPLICATIONS AND ADHERING TO DEADLINES. AWARD PACKAGES ARE RENEWED EACH YEAR TO STUDENTS WHO REMAIN IN ACADEMICALLY GOOD STANDING AND CONTINUE TO MEET THE REQUIRED ELIGIBILITY STANDARDS FOR BOTH TYPES OF MERIT AND NEED-BASED AID. STUDENTS NEED NOT APPLY FOR SPECIFIC SCHOLARSHIPS SINCE THEY WILL AUTOMATICALLY RECEIVE CONSIDERATION FOR ALL FUNDS FOR WHICH THEY MAY BE ELIGIBLE WHEN THEY SUBMIT THE FAFSA.

(e) Method of valuation (book,

FMV, appraisal, other)

efil	e GRAPHIC pi	int - DO NOT PROCESS	As Filed Dat	a -	DLN: 934	49312	27001	.331
Schedule J (Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest						0047
								•
•	tment of the Treasury	► Go to <u>www.irs.gov</u>		instructions and the latest inform	nation.		to Pul ectio	
	al Revenue Service ne of the organiz	l ation			Employer identificat			
GAN	INON UNIVERSITY				25-0496976			
Pa	rt I Questi	ons Regarding Compensati	on	L	23 0430370			
							Yes	No
1a				f the following to or for a person listed y relevant information regarding thes				
		or charter travel	\checkmark	Housing allowance or residence for p	personal use			
		companions		Payments for business use of person				
		nification and gross-up payments	lacksquare	Health or social club dues or initiatio				
	☐ Discretion	nary spending account	Ш	Personal services (e.g., maid, chauff	eur, chef)			
b				follow a written policy regarding payn ve? If "No," complete Part III to expla		1 b	Yes	
2				or allowing expenses incurred by all		2	Yes	
	directors, truste	es, officers, including the CEO/EX	ecutive Directo	r, regarding the items checked on Line	e 1a? . .			
3	organization's C	EO/Executive Director. Check all t	that apply. Do r	ed to establish the compensation of th not check any boxes for methods CEO/Executive Director, but explain ir				
	✓ Compens	ation committee		Written employment contract				
		ent compensation consultant	<u>~</u>	Compensation survey or study				
	✓ Form 990	of other organizations	✓	Approval by the board or compensat	ion committee			
4	During the year related organiza		90, Part VII, Se	ction A, line 1a, with respect to the fil	ling organization or a			
а	Receive a sever	ance payment or change-of-contro	ol payment? .			4a	Yes	
b	Participate in, o	r receive payment from, a suppler	mental nonqual	ified retirement plan?		4b		No
C			•	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and	provide the app	plicable amounts for each item in Part	III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) o	organizations	must complete lines 5-9				
5	For persons liste		A, line 1a, did	the organization pay or accrue any				
а	The organization	n?				5a		No
b						5b		No
	If "Yes," on line	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Section ontingent on the net earnings of:	A, line 1a, did	the organization pay or accrue any				
а	The organization	1?				6a		No
b						6b		No
	•	6a or 6b, describe in Part III.						
7				the organization provide any nonfixed rt III		7		No
8	subject to the ir	nitial contract exception described	in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de 		8		N _o
9	If "Yes" on line	8, did the organization also follow	the rebuttable	presumption procedure described in F	Regulations section	9		No
For F	Panerwork Redu	iction Act Notice, see the Instr	uctions for Fo	orm 990. Cat. No. 50	0053T Schedule J	(Forn	1 990)	2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, reporting instructions, on row (ii). Do not list any individuals that are not listed on Form State. The sum of columns (B)(i)-(iii) for each listed individual must equal the t	990	, Part VII.						vidual
(A) Name and Title	Jua		kdown of W-2 and/o compensation		(C) Retirement and other	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table				I	•			

Schedule J (Form 990) 2019	Page 3						
Part III Supplemental Information							
Provide the information, explanation, or	r 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. This is not included in taxable compensation. Tax Indemnification and Gross-Up Payments-This is done on a rare occasion and for very small amounts; usually to correct an error. Housing Allowance or Residence for Personal Use- The President receives a housing allowance as part of his compensation package and it is included in his taxable compensation. Health or Social Club Dues or Initiation Fees- The University pays dues for social club memberships for the President and Vice President of University Advancement. The memberships are used for business purposes of the University.						
Schedule J, Part I, Line 4	Linda Wagner received a severance payment in the amount of \$133,932.						

Schedule 1 (Form 990) 2019

(A) Name and Title

Software ID: 19009572

Software Version: v1.00

(B) Breakdown of W-2 and/or 1099-MISC compensation

EIN: 25-0496976

Name: GANNON UNIVERSITY

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	L	(B) Breakdown	of W-2 and/or 1099-MIS	_ compensation	(C) Retirement and	ן (ט) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 Keith Taylor President	(i)	377,822	0	60,435	21,000	29,017	488,274	0
	(ii)	0	0	0	0	0	0	0
1 Valerie Bacik VP Planning & Finance	(i)	168,786	0	1,108	17,273	9,474	196,641	0
	(ii)	0	0	0	0	0	0	0
2 R Scott Rash VP University Advancement	(i)	140,164	500	3,336	10,937	16,354	171,291	0
	(ii)	0	0	0	0	0	0	0
3 William Edmondson VP Enrollment	(i)	180,619	0	8,969	14,689	40,222	244,499	0
	(ii)	0	0	0	0	0	0	0
4 Walter Iwanenko VP Academic Affairs	(i)	198,012	500	3,805	15,084	34,662	252,063	0
	(ii)	0	0	0	0	0	0	0
5 Steven Mauro VP Academic Administration	(i)	203,064	0	451	15,645	23,904	243,064	0
	(ii)	0	0	0	0	0	0	0
6 Ralph Nichols VP Student Development	(i)	162,758	500	1,576	12,981	23,411	201,226	0
	(ii)	0	0	0	0	0	0	0
7 Richard Johnson Professor, DR of Physical	(i)	178,021	500	3,442	9,998	1,261	193,222	0
Therapy	(ii)	0	0	0	0	0	0	0
8 Fong Mak Professor Elec & Comp	(i)	177,942	500	1,303	11,495	15,592	206,832	0
Engineering	(ii)	0	0	0	0	0	0	0
9 Karinna Vernaza Dean-College of Eng and	(i)	170,483	500	797	13,019	16,007	200,806	0
Business	(ii)	0	0	0	0	0	0	0
10 Sarah Ewing Dean-College of Health	(i)	156,731	500	338	12,084	8,804	178,457	0
Professions	(ii)	0	0	0	0	0	0	0
Professor-Mechanical	(i)	151,599	500	5,007	12,617	8,606	178,329	0
Engineering	(ii)	0	0	0	0	0	0	0
12Linda Wagner Former VP for Finance and	(i)	133,932	0	0	0	50,365	184,297	0
Administration	(ii)	0	0	0	0	0	0	0

(C) Retirement and

(D) Nontaxable

(E) Total of columns

(F) Compensation in

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

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

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

Schedule K

(Form 990)

Department of the Treasury

Internal Revenue Service

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Supplemental Information on Tax-Exempt Bonds

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

► Attach to Form 990.

►Go to www.irs.qov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

DLN: 93493127001331

Inspection

Schedule K (Form 990) 2019

	e of the organization NON UNIVERSITY	, ,	<u></u>							1 '	yer ident 96976	ificatio	n numbe	er	
Pa	rt I Bond Issues														
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(1	f) Descripti	on of purpose	(g) De	efeased	beha	On alf of uer	(i) I finar	Pool ncing
										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 Pa	art VI			X		Х		Х
В	City of Erie Higher Education Building Authority	25-1536711	295437GD2	08-04-2010	11,5	71,819	See Pa	art VI			Х		Х		Х
С	City of Erie Higher Education Building Authority	25-1536711	295435BA8	04-25-2013	15,7	'58,896	See Pa	art VI			X		Х		Х
D	City of Erie Higher Education Building Authority	25-1536711		06-17-2013	5,5	500,000	See Pa	art VI			×		Х		Х
Pa	rt II Proceeds		l				ı								
						A		ı	3	C	:			D	
1	Amount of bonds retired					3,419	9,535		2,025,000		2,550,	000		2,5	70,000
2	Amount of bonds legally defeas						0		0			0			0
3	Total proceeds of issue					8,500	0,000		11,517,819		15,758,	896		5,5	00,000
4	Gross proceeds in reserve fund					438	3,352		921,860		1,188,	588			0
5	Capitalized interest from procee						0		529,735			0			0
6	Proceeds in refunding escrows						0		0			0			0
7	Issuance costs from proceeds .						0		324,444		208,	896			0
8	Credit enhancement from proce						0		0			0			0
9	Working capital expenditures fr						0		0			0			0
10	Capital expenditures from proce					8,087	7,536		9,870,452		14,500,	000			0
11	Other spent proceeds						0		0			0		5,5	500,000
12	Other unspent proceeds						0		0			0			0
13	Year of substantial completion)11			11	20	14			2013	
					Yes	No)	Yes	No	Yes	No		Yes		No
14	Were the bonds issued as part bonds (or, if issued prior to 201	18, a current refundin	g issue)?			Х			Х		Х		Х		
15	Were the bonds issued as part bonds (or, if issued prior to 201					X			Х		Χ				Χ
16	Has the final allocation of proce				Х			Х		Х			Х		
17	Does the organization maintain proceeds?				Х			Х		Х			Х		
Pa	rt III Private Business Us	se													
						Α			3	C				D	
1	Was the organization a partner financed by tax-exempt bonds?				Yes	No X		Yes	No X	Yes	No X		Yes	_	No X
		<u> </u>	· · · · ·	- -		+						-			

Cat. No. 50193E

Are there any management or service contracts that may result in private business use of

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

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

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

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

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

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

Rebate not due yet?

hedge with respect to the bond issue?

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

Schedule K (Form 990) 2019

За

b

C

d

6

8a

Part IV

b

C

Arbitrage

0 %

0 %

0 %

Χ

Yes

Χ

Χ

Schedule K (Form 990) 2019

D

Χ

Χ

Χ

Page 2

Χ

4.5 %

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4.5 %

Χ

Χ

No

Χ

Χ

Χ

Χ

	Х	Х	X	Х	
				X	

0 %

0 %

0 %

Χ

No

Х

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Х

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Χ

Х

Yes

Χ

No

Χ

В

Yes

Χ

No

Χ

Χ

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Yes

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No

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Yes

Χ

Χ

Page 3

Χ

D

No

Yes

Χ

C

Nο

Yes

Χ

В

No

Yes

	(GIC)?	X	X	X	Х
b	Name of provider				

Yes

Χ

No

Explanation

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

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

Schedule K (Form 990) 2019

period?

Part V

Part VI

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?

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

2010 bonds.

requirements of section 148? . . .

Return Reference

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

Higher Education Building Authority

Schedule K, Part I, Column

Return Reference	Explanation
f-08/04/2010 11,571,819 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 will consist 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 fieldhouse and indoor turf field, together with certain site and infrastructure improvements and other miscellaneous capital improvements to existing facilities of the borrower and acquisition of capital equipment for use in or in connection with the borrower's facilities (the "2013 capital additions"); (II) Funding a 2013 debt service reserve fund for the Series 2013 bonds; and (III) the payment of the costs of issuing the Series 2013 bonds.

Return Reference	Explanation
f-06/17/2013 5,500,000 City of Erie Higher Education	Partial refunding of the Series 2007 GG3 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.

Return Reference	Explanation	
Schedule K, Part IV, Line 2c- 06/17/2013 5,500,000 City of Erie Higher Education Building Authority	Last rebate calculation in 2018.	

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493127001331 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No. 1545-0047 Schedule K **Supplemental Information on Tax-Exempt Bonds** (Form 990) ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Department of the Treasury ▶ Attach to Form 990. Open to Public Internal Revenue Service ▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization **Employer identification number** GANNON UNIVERSITY 25-0496976 Part I **Bond Issues** (b) Issuer EIN (c) CUSIP # (d) Date issued (f) Description of purpose (g) Defeased (i) Pool (a) Issuer name (e) Issue price (h) On behalf of financing issuer Yes No Yes No Yes No City of Erie Higher Education 31,131,351 | See Part VI 25-1536711 295435BB6 11-17-2016 Χ Χ Χ **Building Authority** 22,756,200 | See Part VI Public Finance Authority 27-3866124 74445FAJ3 09-20-2017 Part II **Proceeds** C Α 3 31,131,351 22,756,200 5 1,588,377 6 370,958 567,823 8 9 16,247,697 10 20,288,585 11 14,512,696 12 311,415 13 2018 2019 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue of tax-exempt 14 Χ Χ Were the bonds issued as part of an advance refunding issue of taxable 15 Χ Χ Χ Χ 16 Does the organization maintain adequate books and records to support the final allocation of Χ Χ **Private Business Use** Part 🎹 Α В C D Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property Χ Χ Are there any lease arrangements that may result in private business use of bond-financed Χ Cat. No. 50193E Schedule K (Form 990) 2019 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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

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

Was the hedge superintegrated? Was the hedge terminated?

hedge with respect to the bond issue?

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

Schedule K (Form 990) 2019

b

C

d

6

8a

Part IV

b

C

Arbitrage

Page 2

D

D

Schedule K (Form 990) 2019

No

Yes

Yes

Are there any management or service contracts that may result in private business use of If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside

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

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

a section 501(c)(3) organization or a state or local government 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)

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

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 nongualified bonds of

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

Χ

Α

Nο

Χ

2.5 %

2.5 %

В

Yes

Χ

Χ

Χ

Yes

Х

Χ

Νo

Χ

Χ

Χ

Χ

Χ

Α

Yes

Х

В

No

Х

Χ

Х

Х

Yes

C

No

Yes

Χ

No

Χ

Χ

Χ

Χ

Χ

C

No

Yes

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

Were gross proceeds invested in a guaranteed investment contract

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

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? . . .

Return Reference

f-11/17/2016 31,131,351 City of Erie Higher Education Building Authority

Schedule K, Part I, Column

Page 3

No

D

D

Nο

Yes

Yes

В

No

Explanation

The project consists of: (I) The advance refunding of the City of Erie Higher Education Building Authority's Revenue Bonds, Series 2007 GG3 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 demolition of the existing library and the design, construction, equipping and furnishing of the borrower's library facilities, together with

other site and infrastructure improvements and other miscellaneous capital improvements to existing facilities of the borrower and acquisition of capital equipment

No

Χ

Χ

Yes

Yes

No

No

Yes

Nο

Yes

Nο

Χ

for use in or in connection with the borrower's facilities; and (III) Payment of certain cost of issuing the 2016 bonds.

Yes

Χ

Χ

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

Schedule K (Form 990) 2019

(GIC)?

period?

Part V

Part VI

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

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Schedule L		Tran	sactio	ns with Ir	ntereste	d Persor	าร			01	MB No.	1545-0	047
(Form 990 or 990	-EZ) ► Complet	e if the orga	anization a 28b, or 2	answered "Yes 8c, or Form 99	s" on Form 9 0-EZ, Part V	90, Part IV, li , line 38a or 4	nes 2	5a, 2	25b, 26	5,	20	19)
Department of the Trea	,	io to <u>www.ii</u>		ch to Form 990 <u>rm990</u> for inst			forma	tion.		(Open t Insp	o Pub ection	
Name of the org	anization							•		ntifica	ation n		
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	lete if the organiza					· · · · · · · · · · · · · · · · · · ·					_		-1- 12
1 (a) Name of disquali	riea person	(D)	Relationship be	etween aisqua organization	iiried person ar	na		escript ansacti		<u> </u>		
					or garnzadon						16	es	No
4958 3 Enter the ar	mount of tax incuri	y, on line 2, a	bove, reim	bursed by the o			•	: :	•	\$ —— \$ ——			
Con	nplete if the organ orted an amount o	zation answe	red "Yes" o	n Form 990-EZ,	, Part V, line 3	88a, or Form 99	90, Pai	rt IV,	line 26	; or if	the org	anizatio	on
(a) Name of interested person	(b) Relationship with organization			to or from the anization?	(e) Original principal amount	(f) Balance due	(g) defa		Appro boa	h) ved by rd or nittee?	(i) Written agreement?		
			То	From			Yes	No	Yes	No	Yes	N	0
					<u> </u> ▶ \$				<u> </u>				
Total .													
Part IIII Gra	nts or Assistar		_		ns.								
Part III Gra Com	nts or Assistar	nization an	swered "Y	es" on Form 9	ns. 990, Part IV,		of assi	stanc	e l	(e) Pu	rpose o	f assist	ance
Part III Gra Com	nts or Assistar aplete if the organested person (b		swered "Y between on and the		ns. 990, Part IV,	(d) Type (of assi	stanc	e	(e) Pu	rpose o	f assist	ance
Part III Gra Com	nts or Assistar aplete if the organested person (b	anization an) Relationship erested perso	swered "Y between on and the	es" on Form 9	ns. 990, Part IV,		of assi	stanc	e	(e) Pu	rpose o	f assist	ance
Part III Gra Com	nts or Assistar aplete if the organested person (b	anization an) Relationship erested perso	swered "Y between on and the	es" on Form 9	ns. 990, Part IV,		of assi	stanc	e	(e) Pu	rpose o	f assist	ance
Part IIII Gra	nts or Assistar aplete if the organested person (b	anization an) Relationship erested perso	swered "Y between on and the	es" on Form 9	ns. 990, Part IV,		of assi	stanc	e	(e) Pu	rpose o	f assist	ance

Explanation

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

compensation.

Return Reference

Schedule L. Part IV

	-	

The President does not supervise Ms. Taylor nor does he participate in the determination of Ms. Taylor's Schedule L (Form 990 or 990-EZ) 2019

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493127001331 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. 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 . . Χ 2,000 Cost Art-Historical treasures Art—Fractional interests 4 Books and publications Clothing and household 1,319 Cost Χ goods Cars and other vehicles 7 Boats and planes . . 8 Intellectual property . . . Securities—Publicly traded . Χ 18 281,022 Comparable Sales 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures Qualified conservation contribution—Other . Real estate—Residential . Real estate—Commercial . Real estate—Other . . 18 Collectibles Χ 1,860 Cost 19 Food inventory . . . Χ 20 Drugs and medical supplies . 13,345 Cost 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . 25 Other ▶ (Event tickets) 1,000 Cost 26 Other ▶ (______) 27 Other ▶ (______) 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 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 isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2019)	Page 2
	ation. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization umn (b), the number of contributions, the number of items received, or a combination of both. Also y additional information.
Return Reference	Explanation
Schedule M, Part I	Column B: Reporting number of contributors in Part I, Column (B).
	Schedule M (Form 990) (2019)

efile GRAPH	IIC print -	DO NOT PROCES	S	As Filed Data -				DLN:	93493127001331
SCHEDULE O Form 990 or 990- EZ) Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Separtment of the Treasury Department of the Treasury Attach to Form 990 or 990-EZ. So to www.irs.gov/Form990 for the latest information.					OMB No. 1545-0047 2019 Open to Public Inspection				
Name Betherofe GANNON UNIVERS 990 Schedul	SITY	emental Informa	itic	on			Employe 25-04969		fication number
Return Reference					Exp	planation			
Form 990, Part VI, Section A, Line 7a	ority to app					e and exclusive power and ne offices of the Vice Chai	auth		

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, Line 7b	The Bishop of the Roman Catholic Diocese of Erie has the sole and exclusive power and auth ority to: Establish the mission and philosophy according to which the University operates. The doctrinal and moral holdings of the Catholic faith as enunciated by the teaching offi ce of the Church, the Magisterium, are the philosophy by which the mission of the University as well as of its Catholic identity shall be preserved; Amend the corporate Charter and Bylaws; Approve nominations to the Board of Trustees, and to the offices of the Vice Chai

rperson and Secretary; Lease or sell corporate assets in excess of \$100,000 or encumber co

rporate assets with liens of more than \$100.000; Merge or dissolve the corporation.

Return Explanation
Reference

990 Schedule O, Supplemental Information

Form 990,	A copy of Form 990 is provided to all members of the Board of Trustees before it is filed.
Part VI,	The Audit Subcommittee of the Board of Trustees is delegated the responsibility of review
Section B,	of the Form 990 before it is filed. The University's independent audit firm (Baker Tilly
Line 11b	US, LLC) also reviews the form.

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 s ent to the Internal Auditor. The Internal Auditor analyzes the disclosures made with the a ssistance of the Controller and Vice President for Planning and Finance and prepares a sum mary of any relationships disclosed. All employees are required to sign a conflict of inte rest 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 as nec essary 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 as 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 dis closed. Both summaries are then presented to the Audit Subcommittee of the Board of Truste es at the February meeting.

Return Explanation
Reference

Form 990,
Part VI,
Section B,
Line 15

The Evaluation/Executive Compensation of the Board of Trustees meet regularly to consider the compensation packages of the President and Vice Presidents and to approve any changes to current written employment contracts. The Committee reviews the compensation surveys, c omparable industry compensation data, and 990's from comparable institutions. As it relate s to the President, the Committee engages an independent compensation consultant. Minutes are kept for Committee meetings.

990 Schedule O, Supplemental Information

990 Schedule O, Supplemental Information

Return

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

Explanation