



## Project W: 2022 Executive Summary

**Name of organization:** Pennsylvania Institute of Technology  
**Focus area:** Education  
**Type of grant requested:** Program

### Organization background and information:

The history of the college dates back almost 70 years. Over the decades, students have prepared for rewarding technology careers. Today Pennsylvania Institute of Technology graduates are prepared to succeed in positions within the nursing, health care management, diagnostic sonography, and physical therapy fields and in many more in demand careers.

Classes began in mathematics, stress analysis, and other technical subjects at our first campus located in Upper Darby, PA. P.I.T. remained in Upper Darby for almost 30 years until 1982, when the demand for more space required a move to today's lovely, 14-acre Rose Valley-Media campus. In 1983, P.I.T. was accredited by the Middle States Commission on Higher Education. P.I.T. offers two bachelor's degree programs, twelve two-year associate degrees, and two, one-year career certificate programs: These programs prepare students for careers in their chosen fields. Additionally, students have the opportunity to transfer to a four-year college or university.

### Summary of grant request/proposal:

Grant funds would be directed to support underserved women in the Practical Nursing Program. Even after exhausting available federal and state aid, students are usually left with a gap in funding to complete their education. In addition, the demand of a nursing program severely limits students' ability to work, making finding a way to fund the gap a challenge for the student and their support system (if one exists). If awarded the top grant of \$30,000, it will be used entirely in Year 1.

### Why your committee chose this organization/grant request (3-4 sentences):

The members were struck that on average less than \$1,000 kept a number of students from entering and/or completing the nursing program. Covering that gap seemed significant in helping women get the education needed to earn a self-sustaining income. Women's incomes would increase threefold from approximately \$20,000 to \$60,000. annually. Additionally, P.I.T. stated they have been placing 100% of their nursing graduates in jobs and anticipate continuing at this rate. Overall, the committee members felt this grant not only lifted women's quality of life, and self-confidence but most importantly gives them the ability to sustain themselves with a well-paying career.

**Link to organization's website:** [www.Pit.edu](http://www.Pit.edu)

## Summary of Follow-up/Site Visit

April 7, 2022

Committee members conducting site visit: Michelle Lowry  
Susanne Pooler

Name of Organization: **Pennsylvania Institute of Technology (P.I.T.)**  
Practical Nursing Program (associate degree and career certificate programs)

Organization Representatives: Matt Meyers, President  
Jeanette Barr, Director of Development

### Overview of Organization:

P.I.T. is a non-residential two-year college in Media, Delaware County. In the early 2000's P.I.T. transitioned from a technology focus to programs that educate students in the healthcare industries. Since that time the college has transitioned to serve a predominantly female (80 - 85%), lower income, first generation student from marginalized socio-economic, racial and gender demographics, with employment responsibilities and/or caretaking obligations, and who is not the traditional college age. The completion of the Practical Nursing Program prepares students to pass the NCLEX certification exam to attain the status of LPN.

Grant funds will be used to support student-funding gaps, which averages around \$959. The goal of this grant is to increase graduation rates among nursing students by reducing these funding gaps and thereby eliminating the biggest obstacle to students achieving their goal of graduating.

### Committee Questions:

1) Tell us how you determined the average dollar amount per student. How many students do not complete the program due to the gap in funding? How did you establish the gap limit of \$1500 as the amount students need? Is the \$959 an average PIT would provide or the actual amount you would provide for each of the 31 students you hope to help?

PIT packages student financial aid from term to term to offset their needs and maximize what to give. After exhausting federal and state aid the Scholarship/Financial Aid Committee is able to calculate the gap in funds remaining and identify financially at-risk students. Using this information, two funding gap tiers are identified: up to \$1,500, and \$1,500 - \$3,000. The Project W grant will be applied to the \$1,500 and under tier gap, and funds are applied to college cost – tuition, etc. Majority of students pay around \$321/month. In the last cohort 31 students had an average funding gap of \$959 per term, which translates to a \$320 monthly payment.

2) Please clarify the length of the program and if the \$1500 per student is for one year or multiple years.

The nursing program to which the grant applies is a one-year program. P.I.T. plans to use the entire grant in one year.

3) Do you have data indicating that financial gaps >\$1500 lead to low rates of student matriculation? Please confirm the factors students do not stay in the program are due to money and specifically for this approximate amount? Are there other factors?

18 out of 230-240 students dropped out last year. Two of these 18 directly cited financial reasons, however many others cited factors such as childcare that obviously relate to financial constraints.

143 students enrolled in the last cohort; 40 additional were accepted but did not start. Of those who did not enroll, 10 indicated personal reasons that in many cases related to lack of funds, for example paying for childcare.

P.I.T. uses “Student Services Dashboard” to connect to students, monitor student indicators and provide a platform to identify at risk students. Students are able to ask for assistance, and the platform facilitates P.I.T.’s ability to provide and guide students before they decide to leave the program.

4) How will PIT sustain this program after the Project W Grant?

Since the passing of our founder, PIT has had to look to more avenues for development. The opportunity to receive Project W funds as our first grant will enhance future grant prospects. PIT also will reach out to other grant opportunities and donors. Jeanette noted that their success with the Project W grant will breed more success.

5) How will you document Project W funds will go only to women of Delaware County?

The Practical Nursing Program is an on-campus program necessitating that students live locally. Federally funded low-income student applications require student information including gender and addresses. Currently 42% of students in this program are women in Delaware County.

Additional Comments/Thoughts:

We enjoyed meeting with Matt and Jeanette. They were candid, personable, and enthusiastic to share the benefits and importance of PIT for their students as well as the Delaware County community. Matt stated that because the program is a “terminal” program resulting in a job, they have had a 100% placement rate as far back as he has known. He also mentioned that they are receiving more requests for mental health needs because students want to be able to make it on their own, but that he felt easing financial burdens would help with some of the mental health concerns.

PIT credits are transferrable credits to a BSN program. Matt noted a student who graduated PIT with LPN and went on to graduate Penn with a Masters in Medical Engineering.

Recently, representatives of Crozer Hospital came to PIT demonstrating the kinds of jobs they had available and hired 45 students on site, offering immediate employment at \$24/hr, with a “bump” in salary when the students complete LPN board certification. Moreover, Crozer representatives stated that they would hire more students if they were available. Student residents of Delaware County earn an average annual income prior to graduation of \$18,833. LPN certified graduates would anticipate an annual income of more than \$60,000. PIT is also having similar conversations with Riddle Hospital.

# Practical Nursing Program (associate degree and career certificate programs)

**Organization Name :** Pennsylvania Institute of Technology

**Organization website, if available:** : [www.pit.edu](http://www.pit.edu)

**State your organization's mission:** : Pennsylvania Institute of Technology's Mission is to empower students to achieve success by offering a personalized approach to learning that promotes career advancement, transfer opportunities, and individual growth. By fostering an inclusive environment, P.I.T. encourages, supports, and celebrates diversity.

**Briefly describe how the grant funds will be used in two to three sentences:** : Grant funds would be directed to support underserved women in our Practical Nursing Program. Even after exhausting available federal and state aid, students are usually left with a gap in funding to complete their education. In addition, the demand of a nursing program severely limits students' ability to work, making finding a way to fund the gap a challenge for the student and their support system (if one exists).

**Focus - 1st Choice :** Education

**Focus - 2nd Choice :** Health

**Type of Grant Requested:** : Program

**Program Name, (if general operating, please state "General Operating"):** : Practical Nursing Program (associate degree and career certificate programs)

**If you are awarded the top grant of \$30,000 how would you like the funds to be distributed?** : Entirely in Year 1

## Proposal Narrative :

**Please provide organizational background and information.** : The history of our college dates back almost 70 years. We're proud to say that since that time, we've succeeded at fulfilling our mission here at our campus in Media. Over the decades, students have prepared for rewarding technology careers here, and we're pleased to have helped make a difference. Today Pennsylvania Institute of Technology graduates are prepared to succeed in positions within the nursing, health care management, diagnostic sonography, and physical therapy fields and in many more in demand careers. It all started with the vision of one man, Walter R. Garrison. Mr. Garrison saw the need for engineers who could perform stress analysis in aircraft and civil/architectural fields. Classes began in mathematics, stress analysis, and other technical subjects at our first campus located in Upper Darby, PA. In 1976, the Pennsylvania Department of Education (PDOE) granted P.I.T. approval to award specialized associate degrees for its technical programs. P.I.T. remained in Upper Darby for almost 30 years until 1982, when the demand for more space required a move to today's lovely, 14-acre Rose Valley-Media campus. In 1983, P.I.T. was accredited by the Middle States Commission on Higher Education (3624 Market Street, Philadelphia, PA 19104-2680, 215.662.5606), an institutional accrediting agency recognized by the U.S. Secretary of Education and the Council for Higher Education Accreditation. P.I.T. offers two bachelor's degree programs, twelve two-year associate degrees, and two, one-year career certificate programs in: Bachelor's Degree Programs: -Bachelor's in Nursing (BSN) - General Studies Associate Degree Programs: -Allied-Health—Clinical Medical Assistant -Allied-Health—Practical Nursing -Allied-Health—Pre-Nursing -Behavioral Health -Cannabis Health Therapy -Cannabis Business -Cannabis Horticulture -General Studies - Health Care Management -Health Science -Physical Therapist Assistant -Psychology and Human Services Career Certificate Programs: -Clinical Medical Assistant -Practical Nursing These programs prepare students for careers in their chosen fields. Additionally, students have the opportunity to transfer to a four-year college or university. Our Mission is Student Success.

**List your organization's overall goals and objectives and give a brief summary of your organization's history, successes and challenges.** : VISION FOR THE FUTURE Pennsylvania Institute of Technology is committed to growing our enrollment in classrooms and online by offering innovative and in-demand programs. Improve community recognition for our supportive environment. Most importantly, guide our students into lifelong success stories. STRATEGIC GOALS Two key organizational strategic goals are to "Expand and enhance the quality and effectiveness of the academic offerings" and to "Enrich the supportive environment that encourages student success." Financially supporting a student's gap in funding will support both goals. SUCCESSES P.I.T. transitioned in the early 2000's from a college with a traditional technology (STEM) focus to programs that train students in the healthcare industries. Since that time the college has transitioned to serve a predominantly female (85%), lower-income, student who is not of traditional college age. Even with the challenges that these students face while pursuing a college degree, we have

maintained graduation rates that more than double the national average for two-year public colleges. **CHALLENGES** Many of our students choose a P.I.T. education due to the small class sizes, and hands-on approach. We make an effort to make our students feel like family and offer individualized attention that many peer institutions do not or cannot do, including 1 on 1 professional tutoring. Unfortunately, we are experiencing an increase in students' inability to afford to complete their educational program due to a gap in funding, and often this gap is minimal.

**Describe your current programs, activities, service statistics, especially as it pertains to the number of underserved women with a focus on the needs in Delaware County.** : P.I.T. is a non-residential two-year college in Media, Delaware County. The completion of the Practical Nursing Program prepares a student to pass the NCLEX certification exam to attain the status of LPN. The P.I.T. student pass rate for the NCLEX was at 81.6% in 2021. The college's full-time equivalent (enrollment) in the 2020/2021 academic year was 454 students, of which 250 were nursing students. Of the 250 nursing students, 42% were residents of Delaware County earning an average annual income prior to graduation of \$18,833. According to the Bureau of Labor Statistics, the salary for an LPN in the region is \$57,590. At P.I.T., recent nursing graduates were offered employment at \$30/hour at a local Delaware County hospital while they waited to complete their certification. Upon completion of their certification for LPN, the employer stated they will receive a "bump" in salary. This will provide these graduates with an anticipated annual income of more than \$60,000 - a significant increase in income! We have a student to faculty ratio of 11:1. Student Demographics: - 85% identify as female; 15% as male - 59% identify as black or African American, 17% white, 16% race or ethnicity is unknown; 3% two or more races, 3% Hispanic or Latino; 2% Asian. - 32% are age 24 and under; 68% are 25 and over - 99% of students receive financial aid; with 88% receiving Pell grant. - 42% of nursing students live in Delaware County.

**How does your organization demonstrate its commitment to diversity, equity, inclusion and access?** : DEI and access are at the forefront of the P.I.T. decision-making process. In fact, many of our Core Values exemplify this including: **COLLABORATIVE APPROACH** The evidence that demonstrates we are living this value is the student-first approach that requires all P.I.T. staff to work as a team to support the mission of the college. **DIVERSITY AND INCLUSION** The evidence that demonstrates we are living this value is our diverse population, as well as a commitment to creating a culture of inclusion that supports diverse voices. **MUTUAL RESPECT** The evidence that demonstrates we are living this value is that we welcome and integrate multiple perspectives in a respectful manner. Further, the college encourages and values positive relationships among colleagues, students, and the community. **SOCIAL RESPONSIBILITY AND COMMUNITY ENGAGEMENT** The evidence that demonstrates we are living this value is providing opportunities for achievement. Supporting the community, peer institutions and employers, and equip students to contribute to the community. Additionally, DEI is a focus of our current strategic plan. To meet the needs of our diverse student body, the college has invested heavily in student support programs focused on counseling, food, housing insecurity, academic equity, and mental health support.

**Identify the need to be addressed providing evidence of size/severity with this grant.** : P.I.T. students are typically low-income, first-generation, non-traditional students from historically marginalized socio-economic, racial and gender demographics, with outside obligations including employment and/or caretaking. Much of the student population served by P.I.T. meets the financial aid status noted as "Expected Family Contribution" of \$0, thus their eligibility for financial aid and Pell grants. However, there remains a gap in funding placing undue financial stress on students who often struggle with housing and food insecurity, while at the same time trying to gain an education that will, upon completion, provide them a better standard of living and reduce their financial struggles. For example, each year, nursing students tell us of choices they have had to make to remain in college pursuing their dream. Choices we routinely hear about are things like choosing between remaining in college or paying their heating bill, paying their tuition instead and cutting back to two meals per day. These are the types of decisions no student, much less no human being in America, should have to face. Providing funding to eliminate or reduce the gap will support the student's ability to complete their education. It will also enable these students to move from an annual income of \$18,833 to a potential salary of \$57,590 or higher.

**Explain your objectives for the grant request.** : Grant funds awarded would be used to help support student funding gaps, which averages around \$1,500. Reducing the students' funding gap will work to eliminate the biggest obstacle to students achieving their goal of graduating. The goal of this award is to increase graduation rates among nursing students.

**How does this grant specifically align with Project W's mission?** : Pennsylvania Institute of Technology's mission and student demographic hit on all three of Project W's key stakeholders that you aim to support. - We provide students with an opportunity to achieve a collegiate education in an environment tailored to their needs and strive to be a more affordable hands-on option as compared to other colleges. - Our educational focus is nearly exclusively on healthcare and health adjacent programs. Our graduates fill an important void in providing a cohort of well-trained mid-level medical professionals to the Delaware County community. - Family

is not in our mission but it shapes who P.I.T. is and how we would utilize an award. The average P.I.T. student is 27 years old and has external responsibilities frequently as a parent and/or related to supporting their family. Supporting these students supports the families that they come from. Additionally, the investment our students are making has a tremendous impact on their family's future.

**How do you plan to accomplish these goals?** : We plan to accomplish these goals by identifying students with the greatest financial need as determined by a federal calculation titled "Expected Family Contribution" (EFC). Those students with the lowest EFC represent the lowest earnings. In identifying these financially at-risk students, we are able to calculate the gap in funds remaining after exhausting federal and state aid. An award from Project W will enable us to have the resources to award students who may not otherwise have the funds to either start college or successfully complete their course of study in Nursing. By alleviating this impediment, we will remove the largest obstacle to student achievement.

**Who will be responsible and what is their relevant experience?** : The college has three individuals who will serve key roles in applying grant funds: 1. Director of Development (DOD) - This key figure is the "hub" of information about the grant and compiler of assessment data. P.I.T.'s DOD has many years of experience writing and assessing grant data within the education sphere. 2. Director of Financial Aid (DFA) - The DFA will be the individual charged with identifying students who have a GAP in funding as well as their EFC and will share that information with the Project Manager - our Director of Student Affairs. The college's DFA has a decade of experience leading federal financial aid certification and re-certification. 3. Director of Student Affairs [Project Manager] (DSA) - The DSA for the college has over 10 years of grant management, writing, and assessment experience. In addition to her role as DSA, she also is PM for the college's TRIO-SSS program and our internal chairperson of the P.I.T. scholarship committee.

**How will you measure the impact of the grant request?** : The college currently tracks annual and cohort graduation rates. To measure the effectiveness of the grant, the college will perform a look-back to assess the graduation and retention rates of underserved minority, female students in Delaware County with a gap in funding. We will: - Measure YOY Retention rates. - Measure YOY Graduation rates. - Measure the grade achievement of students who receive funding. - Measure first time pass rate of NCLEX-PN exam.

**Please indicate the number of women impacted by the grant request.** : Based on prior year enrollment (2020-21), the funding being requested would facilitate the elimination of funding gaps of thirty-one, women, who self-identify as racial minorities.

**What challenges do you anticipate?** : While the most frequent reason Nursing students blame for not returning and/or graduating is the financial impact, it is generally unknown if this is the only reason or a contributing factor among other impediments. To mitigate this challenge, P.I.T. offers extensive student services, such as tutoring, career coaching, mentoring, financial coaching and referral to community services (as needed) to meet an individual student's needs. We also offer extensive handholding in helping students through the financial aid process from start to finish.

**What will you do if you receive more or less funding than you have requested in this application?** : If we receive more funding, additional students will be served. If we receive less funding, the following options remain: 1. Limit recipients based on income (EFC). 2. Run a pilot funding program for one cohort rather than two. (We have two groups per year). 3. Manage the program on an as-needed basis. Develop an application process to limit recipients.

**What is the anticipated timeline for implementing the grant request?** : The college's nursing program runs in a cohort model starting two times per year, in January and July. Unlike many peer institutions, P.I.T. "packages" students in the program for the entire cost. This means we present students with any projected gap that they will encounter throughout the entirety of the academic program. Our project is designed to fund these students in both of the 2022-23 cohorts beginning in July 2022.

**Detailed Budget of Grant Proposal - Please upload a PDF** : Project W - Budget.xls

**Total Program Budget, if requesting program or capacity building:** : \$29,784

**Total Organizational Budget:** : \$9,363,728

**Please attach Most Recent IRS Form 990 and/or Audited Financial Statements** : 2020-231543518-202111069349300031-9.pdf

**Fiscal Year End:** : 2020-06-30

**Are there volunteer opportunities available for our Project W members? If so, please describe how we can help - the number of volunteers, the nature of the project, etc.** : Absolutely! The college seeks volunteers in a number of academic pursuits such as program advisory committees, tutoring, student mentoring, board membership, and more. In addition, the college hosts

graduation ceremonies, and other community events, such as serving as a polling place, and an Annual Trunk or Treat. We can always use help as greeters and provide directions. And the college boasts a public library who can always use a hand. Typically, this is only available to one individual at a time.

**Have you received a grant from Project W in the past?** : No. We have never applied in the past.

**Project W is a program of The Community’s Foundation. TCF supports many charitable organizations through our various grant programs. Please visit [www.TCFhelps.org](http://www.TCFhelps.org) for more information. Have you received funding through any grant programs at TCF in the last three years? If yes, how much and when?** : Yes. \$2,000 in February 2021.

**List of five largest funders in the last fiscal year and grant amount, if applicable.** : Walter Garrison Education Fund - \$70,323 Estate of Walter R. Garrison - \$37,343 The McLean Contributorship - \$25,000 Gordon Charter FCCD - \$15,000 Republic Bank - \$5,000

**Current List of Board Members and their affiliations** : JACK BACON, Retired (Pennsylvania Institute of Technology) RICHARD H. DOYLE, B.A., CPA, Partner, Doyle & McDonnell PC RICHARD JACOVINI, Retired (Main Line Health) ROBERT M. MADONNA, Diversified Services, LLC, Managing Partner THOMAS E. McDUFFIE JR., Ed.D., Retired (St. Joseph’s University) ATINUKE (TINU) MOSS, ESQ., Judge, Delaware County Court of Common Pleas WILLIAM E. SCHMIDT, MBA, President, Partner, Ergo-IT Solutions Inc. SUSAN STEELE, P.E., Senior Design Engineer, High Structural Erectors, LLC PATRICIA VASSELL, DNP, RN, MBA, BSN, CNOR, Director of Nursing, Surgical Services, Riddle Hospital SCOTT H. VOSHELL, PT, DPT, MHS, Faculty, Physical Therapist Assistant Program. Pennsylvania Institute of Technology PAUL H. WOODRUFF, P.E., Retired (ERM –Environmental Resource Management) MARY KAY BURKE, Retired (White Horse Village)

**IRS 501(c)(3) Nonprofit?** : Yes

**IRS Designation / Fiscal Agreement** : IRS Form 1023 501c3 status.pdf

**\*\*Federal ID #:\*\*** : 23-1543518

**AGREEMENT**

I certify, to the best of my knowledge, that all information included in this proposal is correct. The tax-exempt status of this organization is still in effect. If a grant is awarded to this organization, the proceeds of that grant will not be distributed or used to benefit any organization or individual supporting or engaged in unlawful activities.

**Date** : 2022-01-31

**Signature of Executive Director** : Harry Matthew Meyers

**Total Review Score** : 0.00

**Average Review Score** :

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## Budgeting Instructions

<h1 style="margin: 0;">USAID/XX Project</h1>											
<h2 style="margin: 0;">Guidance on Grant Application Budget Form</h2>											
<p><i>This is an external form provided to grant applicants as guidance for completing the grant application budget sheet. The grantees will submit a detailed budget per the template under "Main Detailed Budget" as well as detailed budget notes explaining each cost listed.</i></p>											
<p><b>I. Detailed Budget.</b> Enter detailed anticipated expenses in the appropriate line item by detailing unit cost and rate. If the grant is multiple year, it is easier to include a new column for each year. If the grant includes required cost share or grantee contribution, add new column(s) for those requirements before the total column. The cost share and/or grantee contribution should be added to the "total."</p>											
<p><b>I. Salary -</b> In the rate column, specify the monthly rate of long term labor, and anticipated number of months for each position. For short term labor, specify daily rate and anticipated number of days. Each labor expense entered will require backup documentation such as employment agreement and payroll slip. For new labor, include names and titles, as well as rate. Salary history verification will be required. Please provide an explanation of position and justification of # of days or months to be worked in the detailed budget notes.</p>											
<p><b>II. Other Direct Costs -</b> This covers non-personnel-related costs allocated to implementation of the grant activity (e.g. supplies, proportionate amount for applicant office rent, utilities, etc.). Enter unit amount anticipated per month and number of months. Each expense entered requires justification in the budget notes. Should a grant be awarded, back-up documentation (such as a lease agreement for rent) will be required. Remember to allocate these expenses in relation to other activities you may have. For example if you have another USAID-funded activity you should not include 100% office rent for this budget; you should include the proportional amount to implement this activity.</p>											
<p><b>III. Activity Service Delivery -</b> Include here expenses specific to a programmatic activity. For example, all expenses related to hosting a workshop, or collecting surveys should be detailed. Examples of line items would be the rental of a training facility, or printing of training documents for workshops/training. Provide the name of the activity and add additional lines for each different activity. Please explain costs listed under each activity in detailed budget notes.</p>											

[illegible]

Main Detailed Budget

<b>Name of Applicant:</b>		Pennsylvania Institute of Technology					
<b>Title of Proposed Grant Activity:</b>		Project W - Nursing Balance GAP Proposal					
<b>Detailed Spreadsheet</b>							
		Line Item					TOTAL in Local currency
			Units	Rate	Total		
<b>I. Salaries</b>							
	1. Jeannette Barr, Director of Development	1.00	- \$	-		\$	-
	2. Kamira Evans, Director of Student Affairs & TRIO-SSS Coordinator	1.00	- \$	-		\$	-
	3. Laura Blomgren, Director of Enrollment Services & Marketing	1.00	- \$	-		\$	-
<b>Total, Salaries</b>		3.00	- \$	-		\$	-
<b>II Other Direct Costs</b>							
	A. Communications (text messaging)	2	25 \$	50.00		\$	50.00
<b>Total, Other Direct Costs</b>						\$	50.00
<b>III. Activity Service Delivery (add additional lines for each activity)</b>							
	A. GAP Funding eligible 0 EFC students with balances under \$1,500 (per student rate is a reflection of 2020-21 avg. balance)	31	959.16 \$	29,733.96		\$	29,733.96
<b>Sub- Total For Activity</b>						\$	29,733.96
<b>Total Activity</b>						\$	29,733.96

Main Detailed Budget

Line Item			Units	Rate	Total	TOTAL in Local currency
Grand Total					\$ 29,783.96	\$ 29,783.96

## Budget Summary by Milestone

[illegible]

efile Public Visual Render		ObjectID: 001 - Submission: 2015-01-16		TIN: 20-5478191	
<div>Form 990</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Return of Organization Exempt From Income Tax</div> <div>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.</div> <div>Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.</div>			<div>OMB No. 1545-0047</div> <div>2019</div> <div>Open to Public Inspection</div>

<b>A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020</b>					
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>C</b> Name of organization PENNSYLVANIA INSTITUTE OF TECHNOLOGY  Doing business as  Number and street (or P.O. box if mail is not delivered to street address) Room/suite 800 MANCHESTER AVE  City or town, state or province, country, and ZIP or foreign postal code MEDIA, PA 190634098		<b>D</b> Employer identification number 23-1543518  <b>E</b> Telephone number (610) 892-1500  <b>G</b> Gross receipts \$ 10,673,371	
		<b>F</b> Name and address of principal officer: MATT MEYERS 800 MANCHESTER AVE MEDIA, PA 190634098		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀(insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
<b>J</b> Website: ▶ WWW.PIT.EDU					
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				<b>L</b> Year of formation: 1953	<b>M</b> State of legal domicile: PA

<b>Part I Summary</b>			
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: TO PROVIDE STUDENT SUCCESS BY OFFERING THE BEST COLLEGIATE EDUCATION.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	16
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	15
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	117
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	50
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	0	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	1,075,105	1,723,413
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	918	-103,565
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	53,338	2,451,835
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,880,117	10,535,159
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	98,805	68,788
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,006,987	4,974,574
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	10,000	10,000
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶10,000		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,211,684	2,612,215
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,327,476	7,665,577
<b>Net Assets or Fund Balances</b>	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	552,641	2,869,582
	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	6,291,302	4,680,689
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	4,834,100	2,572,985
		1,457,202	2,107,704

<b>Part II Signature Block</b>					
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.					
<b>Sign Here</b>	Signature of officer		2021-04-16 Date		
	MATT MEYERS EXECUTIVE VICE PRESIDENT Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00760402
	Firm's name ▶ BAKER TILLY US LLP			Firm's EIN ▶ 39-0859910	
	Firm's address ▶ 1570 FRUITVILLE PIKE SUITE 400 LANCASTER, PA 17601			Phone no. (717) 740-4863	

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

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission:

THE MISSION OF PENNSYLVANIA INSTITUTE OF TECHNOLOGY IS STUDENT SUCCESS. THE COLLEGE PROVIDES A SUPPORTIVE ENVIROMENT TO ENABLE COMMITTED STUDENTS TO SUCCEED BY OFFERING THE BEST COLLEGIATE EDUCATION FOR CAREER ADVANCEMENT, TRANSFER OPPORTUNITIES, AND PERSONAL GROWTH.

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

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

4

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

4a

(Code: ) (Expenses \$ 6,003,403 including grants of \$ 68,788 ) (Revenue \$ 6,463,476 )

P.I.T.'S ACADEMIC PROGRAMS ARE ORGANIZED INTO ASSOCIATE DEGREE AND CAREER CERTIFICATE OPTIONS. MANY OF THE PROGRAMS PREPARE GRADUATES TO OBTAIN STATE OR NATIONAL INDUSTRY CERTIFICATION IN THEIR FIELD. ASSOCIATE DEGREE TECHNOLOGY PROGRAMS INCLUDE BIOMEDICAL EQUIPMENT ENGINEERING, BEHAVIORAL HEALTH, CRIMINAL JUSTICE, GENERAL STUDIES, COMPUTER SUPPORT ENGINEERING, HEALTH SCIENCE, HEALTHCARE MANAGEMENT, ENGINEERING, BUSINESS MANAGEMENT, ALLIED HEALTH, AND PHYSICAL THERAPIST ASSISTANT. THROUGH ITS SCHOOL OF PROFESSIONAL PROGRAMS, P.I.T. OFFERS CAREER CERTIFICATES IN PRACTICAL NURSING, MEDICAL ASSISTING AND CANNABIS.STUDENTS IN ASSOCIATE DEGREE PROGRAMS EARN TRANSFERABLE COLLEGE CREDITS. STUDENTS IN ALLIED HEALTH CAREER CERTIFICATE PROGRAMS, UPON GRADUATION, MAY FURTHER THEIR EDUCATION AT P.I.T. BY COMPLETING ADDITIONAL REQUIRED COURSES TO EARN AN ASSOCIATE DEGREE IN ALLIED HEALTH TECHNOLOGY. ASSOCIATE DEGREE GRADUATES MAY TRANSFER THEIR CREDITS TO ONE OF THE MANY COLLEGES AND UNIVERSITIES WITH WHOM THE COLLEGE HAS ESTABLISHED ARTICULATION AGREEMENTS.IN ADDITION TO P.I.T.'S NATIONALLY RECOGNIZED ACADEMIC DEVELOPMENTAL PROGRAM AND LIBRARY SERVICES, AS WELL AS STUDENT SUPPORT PROGRAMS THAT INCLUDE CAREER PLANNING, COLLEGE SUCCESS WORKSHOPS, TUTORING, ACADEMIC SUPPORT COUNSELING, AND CAREER PLACEMENT. THE COLLEGE ALSO PROVIDES FULL AND PARTIAL SCHOLARSHIPS TO MANY STUDENTS WHO WOULD OTHERWISE NOT BE FINANCIALLY ABLE TO PURSUE A COLLEGIATE TECHNICAL EDUCATION.

4b

(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c

(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d

Other program services (Describe in Schedule O.)















(Expenses \$ including grants of \$ ) (Revenue \$ )

4e

Total program service expenses ▶ 6,003,403

Part IV

Checklist of Required Schedules

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> 	Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> 		No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 		No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> 		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	Yes	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> 	Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 	Yes	
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 		No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> 		No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?	Yes	
<b>12a</b> <del>Did the organization prepare separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> </del>		No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 	Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> 	Yes	
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		No



**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b> Yes	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b>	No
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<b>24a</b>	No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>	No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	<b>25b</b>	No
<b>26</b> 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?	<b>26</b> Yes	
<b>27</b> Did the organization report 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, Part III</i> . . . . .	<b>27</b>	No
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>	No
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>	No
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>	No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?	<b>30</b>	No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	<b>31</b>	No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>	No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?	<b>33</b>	No
<b>34</b> <i>If "Yes," complete Schedule R, Part I.</i> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b> Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	No
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b>	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>	No
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>	No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	<b>38</b> Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b> 10	
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	

**Part V** **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

<b>2a</b>	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>2a</b>	117			
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	Yes			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . .	<b>3a</b>			No	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . .	<b>3b</b>				
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>			No	
<b>b</b>	Enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	<b>5a</b>			No	
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			No	
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>				
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . .	<b>6a</b>			No	
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>				
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>			No	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>				
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>			No	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>				
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			No	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			No	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>				
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>				
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>				
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>					
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>				
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . .	<b>9b</b>				
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:					
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>				
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>				
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:					
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>				
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>				
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>				
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>				
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>				
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>				
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>				
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>			No	
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . .	<b>14b</b>				
<b>15</b>	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? . . . . .	<b>15</b>			No	
<b>16</b>	Is the organization subject to the section 4968 excise tax on net investment income? . . . . . If "Yes," complete Form 4720, Schedule O.	<b>16</b>			No	

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

## Section A. Governing Body and Management

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year.	<b>1a</b> 16		
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>b</b> Enter the number of voting members included in line 1a, above, who are independent.	<b>1b</b> 15		
<b>2</b> 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?	<b>2</b>		No
<b>3</b> 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?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		No
<b>7a</b> 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?	<b>7a</b>		No
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		No
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<b>9</b> 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.	<b>9</b>		No

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	No
<b>b</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?	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b> Yes	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13.	<b>12a</b> Yes	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b> Yes	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	<b>12c</b> Yes	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b> Yes	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b> Yes	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b> Yes	
<b>b</b> Other officers or key employees of the organization	<b>15b</b>	No
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	No
<b>b</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?	<b>16b</b>	

## Section C. Disclosure

**17** List the states with which a copy of this Form 990 is required to be filed: PA

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-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:  
 ANNAMARIE CASSIDY CFO 800 MANCHESTER AVE MEDIA, PA 19063 (610) 892-1520

**Part VII****Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANNAMARIE CASSIDY CHIEF FINANCIAL OFFICER	50.00			X				116,975	0	12,056
(2) KIMBERLY MARUCCI DEAN OF ACADEMIC AFFAIRS	40.00			X				118,808	0	6,923
(3) MATT MEYERS EXECUTIVE VICE PRESIDENT	50.00			X				95,059	0	10,519
(4) WILLIAM B ROBINSON CEO/PRESIDENT	1.00	X		X				95,549	0	5,760
(5) JACK BACON VICE PRESIDENT/COO (UNTIL 1/19)	50.00			X				4,833	0	0
(6) DR THOMAS E MCDUFFIE JR BOARD CHAIRMAN	1.00	X		X				0	0	0
(7) KATHRYN DIGIORGIO SECRETARY	1.00	X		X				0	0	0
(8) RICHARD H DOYLE CPA TRUSTEE	1.00	X						0	0	0
(9) JAYNE B GARRISON TRUSTEE	1.00	X						0	0	0
(10) MICHAEL P BURKE TRUSTEE	1.00	X						0	0	0
(11) ANTINUKE MOSS JD TRUSTEE	1.00	X						0	0	0
(12) WILLIAM E SCHMIDT MBA TRUSTEE	1.00	X						0	0	0
(13) KATHERINE ERICKSON PHD TRUSTEE	1.00	X						0	0	0
(14) SUSAN STEELE PE TRUSTEE	1.00	X						0	0	0
(15) PAUL H WOODRUFF PE TRUSTEE	1.00	X						0	0	0
(16) ROBERT M MADONNA TRUSTEE	1.00	X						0	0	0
(17) KAYLA L MARRINER TRUSTEE	1.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
(18) THOMAS E MCDUFFIE JR ..... TRUSTEE	1.00 .....	X							0	0	0
(19) PATRICIA VASSELL DNP RN ..... TRUSTEE	1.00 .....	X							0	0	0
(20) SCOTT H VOSHELL PT DPT MHS ..... TRUSTEE	1.00 .....	X							0	0	0
<b>1b Sub-Total</b> . . . . .											
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .											
<b>d Total (add lines 1b and 1c)</b> . . . . .								431,224	0	35,258	

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

**3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* . . . . .

	Yes	No
<b>3</b>		No
<b>4</b>		No
<b>5</b>		No

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual* . . . . .

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* . . . . .

**Section B. Independent Contractors**

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

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

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

## Part VIII

**Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>				
	<b>b</b> Membership dues . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . .	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	1,589,314			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	134,099			
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$	<b>1g</b>				
<b>h Total.</b> Add lines 1a-1f . . . . .			1,723,413			
<b>Program Service Revenue</b>	<b>2a</b> TUITION AND FEES	Business Code 611600	6,463,476	6,463,476		
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue.					
	<b>g Total.</b> Add lines 2a-2f. . . . .			6,463,476		
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		4,674			4,674
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties . . . . .					
		(i) Real	(ii) Personal			
	<b>6a</b> Gross rents	<b>6a</b>	4,657			
	<b>b</b> Less: rental expenses	<b>6b</b>	5,186			
	<b>c</b> Rental income or (loss)	<b>6c</b>	-529			
	<b>d</b> Net rental income or (loss) . . . . .		-529			-529
		(i) Securities	(ii) Other			
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	108,239			
	<b>c</b> Gain or (loss)	<b>7c</b>	-108,239			
	<b>d</b> Net gain or (loss) . . . . .		-108,239			-108,239
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>				
	<b>b</b> Less: direct expenses	<b>8b</b>				
<b>c</b> Net income or (loss) from fundraising events . . . . .						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>					
<b>b</b> Less: direct expenses	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . .						

<b>10a</b> Gross sales of inventory, less returns and allowances . . .	<b>10a</b>	32,529			
<b>b</b> Less: cost of goods sold	<b>10b</b>	24,787			
<b>c</b> Net income or (loss) from sales of inventory . . .		7,742			7,742
Miscellaneous Revenue	Business Code				
<b>11a</b> DEBT FORGIVENESS	900099	2,411,654			2,411,654
<b>b</b> REIMBURSEMENTS	900099	19,800			19,800
<b>c</b> ADMIN FEES - CPAC	900099	5,840			5,840
<b>d</b> All other revenue . . . . .		7,328			7,328
<b>e Total.</b> Add lines 11a–11d . . . . .		2,444,622			
<b>12 Total revenue.</b> See instructions . . . . .		10,535,159	6,463,476	0	2,348,270

Form **990** (2019)



**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	68,788	68,788		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	482,539	101,760	380,779	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	3,740,896	3,513,875	227,021	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	145,283	135,857	9,426	
<b>9</b> Other employee benefits . . . . .	222,821	215,777	7,044	
<b>10</b> Payroll taxes . . . . .	383,035	331,696	51,339	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .	94,899		94,899	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17	10,000			10,000
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	145,313	63,032	82,281	
<b>12</b> Advertising and promotion . . . . .	336,632	336,632		
<b>13</b> Office expenses . . . . .	426,565	397,330	29,235	
<b>14</b> Information technology . . . . .	7,604	7,604		
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	82,291	82,291		
<b>17</b> Travel . . . . .	5,533	5,462	71	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	1,086	910	176	
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	154,010		154,010	
<b>23</b> Insurance . . . . .	113,489	18,597	94,892	
<b>24</b> 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.)				
<b>a</b> GRANT EXPENSE	478,606	478,606		
<b>b</b> BAD DEBT	472,312		472,312	
<b>c</b> REPAIRS & MAINTENANCE	170,549	170,549		
<b>d</b> DUES, SUBSCRIP. & PUBS.	51,305	26,633	24,672	
<b>e</b> All other expenses	72,021	48,004	24,017	
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	7,665,577	6,003,403	1,652,174	10,000
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				



Part X

Balance Sheet

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

☐

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .		167,495	1	213,572
	2	Savings and temporary cash investments . . . . .		1,018,858	2	1,755,411
	3	Pledges and grants receivable, net . . . . .		21,154	3	145,185
	4	Accounts receivable, net . . . . .		404,800	4	228,116
	5	Loans and other 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 . . . . .			5	
	6	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 . . . . .			7	
	8	Inventories for sale or use . . . . .		89,109	8	88,162
	9	Prepaid expenses and deferred charges . . . . .		131,126	9	138,929
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a	10,620,852		
	b	Less: accumulated depreciation . . . . .	10b	8,930,740	10c	1,690,112
	11	Investments—publicly traded securities . . . . .		162,092	11	164,354
	12	Investments—other securities. See Part IV, line 11 . . . . .		357,869	12	245,788
	13	Investments—program-related. See Part IV, line 11 . . . . .			13	
	14	Intangible assets . . . . .			14	
	15	Other assets. See Part IV, line 11 . . . . .		2,220,434	15	11,060
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .		6,291,302	16	4,680,689
Liabilities	17	Accounts payable and accrued expenses . . . . .		601,900	17	391,267
	18	Grants payable . . . . .			18	
	19	Deferred revenue . . . . .		439,219	19	166,051
	20	Tax-exempt bond liabilities . . . . .			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			21	
	22	Loans and other 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 . . . . .		1,307,358	22	1,507,032
	23	Secured mortgages and notes payable to unrelated third parties . . . . .			23	150,000
	24	Unsecured notes and loans payable to unrelated third parties . . . . .			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D . . . . .		2,485,623	25	358,635
	26	Total liabilities. Add lines 17 through 25 . . . . .		4,834,100	26	2,572,985
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions . . . . .		-1,243,827	27	1,669,854
	28	Net assets with donor restrictions . . . . .		2,701,029	28	437,850
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds . . . . .			29	
	30	Paid-in or capital surplus, or land, building or equipment fund . . . . .			30	
	31	Retained earnings, endowment, accumulated income, or other funds . . . . .			31	
	32	Total net assets or fund balances . . . . .		1,457,202	32	2,107,704
	33	Total liabilities and net assets/fund balances . . . . .		6,291,302	33	4,680,689

[illegible]

## Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII		Yes	No
Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in _____			
Were the organization's financial statements compiled or reviewed by an independent accountant?			No
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on _____ <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Consolidated basis             <input type="checkbox"/> Both consolidated and separate basis           </div>			
Were the organization's financial statements audited by an independent accountant?		Yes	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate _____ <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Consolidated basis             <input type="checkbox"/> Both consolidated and separate basis           </div>			
If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		Yes	
If the organization changed either its oversight process or selection process during the tax year, explain in _____			
As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the _____		Yes	
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.		Yes	