

FSA Annual Submission FINANCIAL STATEMENT INFORMATION

>> **Proprietary School**
• OPEID:77889900

All fields are required.

1. Indicate the Period Audited (mm/dd/yyyy):

Begin Date:

End Date:

Reason if Less than 1 Year:

2. Review Auditor Information:

Records Indicate your Current Auditor Is: 444444444

YES NO

Is this information correct?:

Enter Auditors TIN:

3. Opinion Type

-- Select an Opinion Type --

4. Is a going concern explanatory paragraph included in either the auditor's opinion letter or in the notes to the financial statements?

YES NO

5. Enter Financial Statement Data

Balance Sheet

Income Statement

Cash Flow Statement

- 1 [Financial Statements](#)
- 2 [Compliance Audit](#)
- 3 [Completeness Checklist](#)
- 4 [Upload Attachments](#)
- 5 [Submit](#)



[Financial Statements Info Page](#) > Balance Sheet

Balance Sheet Information

Accounts Receivable due from Management Employees - Unsecured:	\$	<input type="text"/>
Accounts Receivable - Related Parties - Unsecured:	\$	<input type="text"/>
Note(s) Receivable - Related Party - Unsecured:	\$	<input type="text"/>
Other Receivables - Unsecured Related Party:	\$	<input type="text"/>
Property, Plant, and Equipment, net (including capitalized lease assets and exclusive of CIP):	\$	<input type="text"/>
Construction In Progress:	\$	<input type="text"/>
Intangible Assets, net of amortization (excluding goodwill):	\$	<input type="text"/>
Goodwill, net:	\$	<input type="text"/>
Total Assets:	\$	<input type="text"/>
Long Term Line of Credit (including the short term portion):	\$	<input type="text"/>
Long-term Debt (including the short term portion):	\$	<input type="text"/>
Capital Lease Obligations (including the short term portion):	\$	<input type="text"/>
Post Employment Retirement Benefits:	\$	<input type="text"/>
Total Liabilities:	\$	<input type="text"/>

[CANCEL](#)[CALCULATE](#)[SAVE AND PROCEED](#)



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[Financial Statements Info Page](#) [Income Statement](#)

Income Statement

All fields are required.

Total Revenues: \$

Total Expenses before Taxes: \$

CANCEL

CALCULATE

SAVE AND PROCEED

FSA Annual Submission COMPLIANCE AUDIT INFORMATION

>> **Proprietary School**
• OPEID:77889900

All fields are required.

1. Indicate the Period Audited (mm/dd/yyyy):

Begin Date:

End Date:

Reason if Less than 1 Year:

2. Review Auditor Information:

Records Indicate your Current Auditor Is: Robertson & Robertson 111111111

YES NO

Is this information correct?:

Enter Auditors TIN:

3. Does this compliance audit contain any findings related to the FSA Title IV programs?

YES NO

4. Opinion Type

-- Select an Opinion Type --

- 1 [Financial Statements](#)
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- 3 [Completeness Checklist](#)
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- 1 [Financial Statements](#)
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FSA Annual Submission CHECKLIST

» **Proprietary School**
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All fields are required.

1. Are the following items, if applicable, included in the attachment of your Financial Statements?

- Independent Auditors Report (This report must include auditor's signature)
- Balance Sheet
- Change in Equity
- Cash Flows Statement
- Consolidated Statements
- Notes to Financial Statements
- 90/10 Revenue Percentage Reported in the Notes to the Financial Statements
- Report on Compliance with Laws and Regulations
- Report on Internal Controls (This report must contain the Auditor's signature)
- Report on Financial Statements (This report must contain the Auditor's signature)

2. Are the following items, if applicable, included in the attachment of your Compliance Audit?

- Servicer Information Sheet
- Auditor Information Sheet
- Summary Schedule A
- Summary Schedule B
- Summary Schedule C
- Corrective Action Plan
- Schedule of Findings & Questioned Costs
- Schedule addressing prior year findings
- Explanation of All Current Year Audit Findings

Does the Independent Auditor's Report make reference to the examination of required management assertions?:

- Institutional Eligibility & Participation
- Reporting
- Student Eligibility
- Disbursements
- Refunds/Return of Title IV
- GAPS & Cash Management
- Perkins Loan
- Administrative Capability

3. Contact Information/Additional Notes

Please let us know who to contact with questions regarding this submission.

Financial Statement Contact

Name:

Email:

Phone:

Compliance Audit Contact

Name:

Email:

Phone:

Same Contact Information as above:

Enter any additional notes

FSA Annual Submission FILE UPLOAD

» **Proprietary School**
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As part of your Annual Submission, you must include an electronic copy of your complete audited financial statements, compliance audit and corrective action plan (if applicable). Please use the fields below to upload the files that you wish to submit to the Department of Education. For each file you upload, use the checkboxes to indicate what is contained in the file. Please note, all files must be in .pdf format. Upload times may vary depending on connection speed, but upload times greater than 1 minute is common - please wait for page to refresh before continuing. All required fields are indicated with an asterisk. Selecting 'All' satisfies all required fields.

File:

Audited Financial Statements:
Compliance Audit:
Corrective Action Plan:
Other:
All:



- 1 [Financial Statements](#)
- 2 [Compliance Audit](#)
- 3 [Completeness Checklist](#)
- 4 [Upload Attachments](#)
- 5 [Submit](#)

FSA Annual Submission SUBMIT

» **Proprietary School**

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By selecting to submit, the information you have entered on these pages will be sent to the Department of Education.

Your submission must be prepared in accordance with 34 CFR 668.23, the FSA Audit Guide, or OMB Circular A-133 as appropriate. Once submitted, you will only have read access to this data.

REMINDER: OMB still requires submissions of A-133 reports (public and non-profit institutions) to the Federal Audit Clearinghouse.

I hereby certify that, to the best of my knowledge and belief, all information in this submission is true and accurate.

If you do not have the Submit to Ed button, Submitter is not indicated as one of your user roles. Please see the Manage Users Section of Help.

[SUBMIT TO ED](#)