Form 8879-TE	IRS <i>e-file</i> Signature Authorization for a Tax Exempt Entity For calendar year 2021, or fiscal year beginning <u>07/01/2021</u> and ending <u>06</u>	/30/2022	OMB No. 1545-0047
Department of the Treasury	► Do not send to the IRS. Keep for your records.		
Internal Revenue Service Name of filer	► Go to www.irs.gov/Form8879TE for the latest information.	EIN or SSN	
UNIVERSITY OF	MOUNT UNION	34-071	4687
Name and title of officer or pe		010/1	
	DLESTON, VP FOR BUS. AFFAIRS		
	eturn and Return Information		
CP and Form 5330 filers 5a, 6a, 7a, 8a, 9a, or 10 5b, 6b, 7b, 8b, 9b, or applicable line below. Do	eturn for which you are using this Form 8879-TE and enter the applicable amount may enter dollars and cents. For all other forms, enter whole dollars only. If you has below, and the amount on that line for the return being filed with this form wa 10b , whichever is applicable, blank (do not enter -0-). But, if you entered -0- not complete more than one line in Part I.	check the box o s blank, then leav on the return, t	n line 1a, 2a, 3a, 4a, /e line 1b, 2b, 3b, 4b, then enter -0- on the
1a Form 990 check he			
2a Form 990-EZ chec			
3a Form 1120-POL ch 4a Form 990-PF chec			
5a Form 8868 check			
6a Form 990-T check			
7a Form 4720 check	here b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check			
9a Form 5330 check		_	
10a Form 8038-CP che	ack here ▶ b Amount of credit payment requested (Form 8038CP, Part II n and Signature Authorization of Officer or Person Subject to Tax	l, line 22) 10b	
Part II Declaratio Under penalties of perjury		t to tax with respe	ect to (name
of entity)		/e examined a cop	
intermediate service provi acknowledgement of rece the date of any refund. If (direct debit) entry to the return, and the financial in 1-888-353-4537 no later processing of the electron	e that the amount in Part I above is the amount shown on the copy of the electronic ret der, transmitter, or electronic return originator (ERO) to send the return to the IRS and t ipt or reason for rejection of the transmission, (b) the reason for any delay in processing applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate a financial institution account indicated in the tax preparation software for payment of the stitution to debit the entry to this account. To revoke a payment, I must contact the U.S. han 2 business days prior to the payment (settlement) date. I also authorize the financi ic payment of taxes to receive confidential information necessary to answer inquiries an ted a personal identification number (PIN) as my signature for the electronic return and al.	o receive from the g the return or refur n electronic funds le federal taxes own S. Treasury Financi cial institutions invo nd resolve issues re	IRS (a) an nd, and (c) withdrawal ed on this ial Agent at vived in the elated to
PIN: check one box only			
X I authorize	FORVIS, LLP to enter my PIN ERO firm name	6 8 2 5 Enter five numbers do not enter all ze	
	121 electronically filed return. If I have indicated within this return that a copy of the reating charities as part of the IRS Fed/State program, I also authorize the aforementioned e consent screen.		
filed return. If I ha	erson subject to tax with respect to the entity, I will enter my PIN as my signature on the indicated within this return that a copy of the return is being filed with a state agen ate program, I will enter my PIN on the return's disclosure consent screen.		•
Signature of officer or person			
Part III Certification	on and Authentication		
•	ur six-digit electronic filing identification / your five-digit self-selected PIN. Do not enter all zeros	16	
•	meric entry is my PIN, which is my signature on the 2021 electronically filed return inc in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Informatio urns.		
ERO's signature	Date ►		
	ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To D	o So	
For Privacy Act and Pape	erwork Reduction Act Notice, see back of form.		Form 8879-TE (2021)

JSA 1X3008 3.000

Form 8879-TE		IF	RS e-file Signature Authorization for a Tax Exempt Entity	
	For calendar year 2	2021	, or fiscal year beginning $07/01/2021$ and ending 06	5/30/20
Department of the Treasury Internal Revenue Service		► G	► Do not send to the IRS. Keep for your records. o to www.irs.gov/Form8879TE for the latest information.	
Name of filer				EIN or SSN
UNIVERSITY OF	MOUNT UNI	ON	ſ	34-
Name and title of officer or pe	erson subject to tax			
PATRICK D HEI	DLESTON, V	′P	FOR BUS. AFFAIRS	
Part I Type of Re	eturn and Return	n Inf	ormation	
Check the box for the r	eturn for which you	are	using this Form 8879-TE and enter the applicable amou	nt, if any, fr
CP and Form 5330 filers	may enter dollars	and	cents. For all other forms, enter whole dollars only. If you	check the
5a, 6a, 7a, 8a, 9a, or 10	Da below, and the a	mou	int on that line for the return being filed with this form wa	is blank, the
5b, 6b, 7b, 8b, 9b, or	10b, whichever is	app	olicable, blank (do not enter -0-). But, if you entered -0-	on the ret
applicable line below. Do	not complete more th	nan c	one line in Part I.	
1a Form 990 check h	ere	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12	2)
2a Form 990-EZ chec	k here 🕨	b	Total revenue, if any (Form 990-EZ, line 9).	
3a Form 1120-POL cl	heck here . 🕨	b	Total tax (Form 1120-POL, line 22)	
4a Form 990-PF chec	:k here 🕨	b	Tax based on investment income (Form 990-PF, Part V, line	5)
5a Form 8868 check	here▶	b	Balance due (Form 8868, line 3c)	
6a Form 990-T check	here 🕨 🛛	b	Total tax (Form 990-T, Part III, line 4)	
7a Form 4720 check	here	b	Total tax (Form 4720, Part III, line 1)	
8a Form 5227 check	here	b	FMV of assets at end of tax year (Form 5227 Item D)	

OMB No. 1545-0047

2021

0714687

om the return. Form 8038box on line **1a, 2a, 3a, 4a,** n leave line 1b, 2b, 3b, 4b, urn, then enter -0- on the

1a	Form 990 check here	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b
2a	Form 990-EZ check here	b	Total revenue, if any (Form 990-EZ, line 9)
3a	Form 1120-POL check here .	b	Total tax (Form 1120-POL, line 22)
4a	Form 990-PF check here 🕨	b	Tax based on investment income (Form 990-PF, Part V, line 5) 4b
5a	Form 8868 check here 🕨	b	Balance due (Form 8868, line 3c)
6a	Form 990-T check here	Хb	Total tax (Form 990-T, Part III, line 4)
7a	Form 4720 check here 🕨	b	Total tax (Form 4720, Part III, line 1)
8a	Form 5227 check here 🕨	b	FMV of assets at end of tax year (Form 5227, Item D)
9a	Form 5330 check here 🕨	b	Tax due (Form 5330, Part II, line 19)
10a	Form 8038-CP check here 🕨	b	Amount of credit payment requested (Form 8038CP, Part III, line 22) .10b
Part	I Declaration and Signat	ture Au	uthorization of Officer or Person Subject to Tax
Under	penalties of perjury, I declare that	XI	am an officer of the above entity or 📃 I am a person subject to tax with respect to (name
of enti	ty)		, (EIN) and that I have examined a copy of the
			les and statements, and, to the best of my knowledge and belief, they are true, correct, and
•			t I above is the amount shown on the copy of the electronic return. I consent to allow my
			tronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an
	•		n of the transmission, (b) the reason for any delay in processing the return or refund, and (c)
			e U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal
•	, ,		unt indicated in the tax preparation software for payment of the federal taxes owed on this try to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at
			or to the payment (settlement) date. I also authorize the financial institutions involved in the
			eceive confidential information necessary to answer inquiries and resolve issues related to
•	.,,		tion number (PIN) as my signature for the electronic return and, if applicable, the consent to
•	phic funds withdrawal.	aontiniou	

PIN: check one box only

X I authorize	FORVIS,	LLP	to enter my PIN	6 8 2 5 2 as my signature
	EF	RO firm name		Enter five numbers, but
				do not enter all zeros
on the tax year	2021 electronically	filed return If	f I have indicated within this return that a conv of the	roturn is being filed with a state

electronically filed turn. If I have indicated within this return that a copy of the return is being filed w agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

3	5	0	2	7	4	4	4	0	1	6		
	Do not enter all zeros											

Date 🕨

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date 🕨

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see back of form. JSA 1X3008 3.000

Form 8879-TE (2021)

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury

Do not enter social security numbers on this form as it may be made public.

Open to Public

OMB No. 1545-0047

Inter	nal Reve	enue Serv	ce	Go to www	.irs.gov/Form990 for in	nstructions	and the late	est infor	mation.		Inspe	ction
A	For th	e 2021	calend	dar year, or tax year beginning	07,	/01/2021	and ending	g		06	/30/2022	
				e of organization					D Employer ide			
B	Check if a	pplicable:	UN	IVERSITY OF MOUNT UN	TON							
	Addr			g business as					34-071	468'	7	
-		e change		ber and street (or P.O. box if mail is n	ot delivered to street addres	ss)	Room/suite		E Telephone nu		,	
	-	l return	10'	72 CLARK AVE					(330)8	23-	6572	
-	-	return/		or town, state or province, country, ar	d ZIP or foreign postal cod	e			(330)0	23-	0572	
_	termi Amer	nated nded		LIANCE, OH 44601		•			G Gross receipt	c ¢	144 530	0 725
-	retur			e and address of principal officer:			NT		H(a) Is this a gro		144,530	
	pend				PATRICK D HE	DDLESTO	IN		subordinates	s?		<u> </u>
-	_			2 CLARK AVE, ALLIANC					H(b) Are all subor			
<u> </u>		empt sta		X 501(c)(3) 501(c) () (insert no.)	4947(a)(1)	or 52	27			list. See instruction	IS
J				.MOUNTUNION.EDU					H(c) Group exem	-		
_		of organ			ssociation Other		L Year	of format	ion: 1846 M	State	of legal domicile	: OH
Ρ	art I	Su	mmar	у								
	1	Briefly	descr	ibe the organization's mission or	most significant activitie	s: WITH	55 UNDE	ERGRA	D MAJORS	AND	59 MINOF	≀S TO
e		CHOC	DSE E	FROM, AS WELL AS MAS	FER'S AND DOCT	ORAL PRO	OGRAMS,	UNIV	ERSITY			
Activities & Governance		OF N	IOUNT	UNION OFFERS A WID	E ARRAY OF ACA	DEMIC CO	OURSES.					
veri	2	Check	this bo	ox 🕨 📃 if the organization dis	continued its operation	ns or dispose	ed of more th	nan 25%	of its net asset	s.		
ĝ	3	Numb	er of vo	oting members of the governing b	ody (Part VI, line 1a)					3		32
<u>م</u>	4			dependent voting members of th						4		32
ties	5			r of individuals employed in caler						5		1,450
tivi	6			r of volunteers (estimate if necess						6		128
Ac	7a			ed business revenue from Part VII						7a	17	7,053.
				d business taxable income from F						7b		7,545.
		Not ui	liciatos			<u></u>		1	Prior Year	1.0	Current	
	8	Contri	hution	s and grants (Part VIII, line 1h)					10,361,62	20	18,66	
Revenue	9										-	
ver	10			vice revenue (Part VIII, line 2g)					81,255,2		81,70	
Re	10			ncome (Part VIII, column (A), lines					12,126,0			$\frac{2,441}{2,200}$
	11			e (Part VIII, column (A), lines 5, 6					9,2			<u>9,326</u>
	12			e - add lines 8 through 11 (must e					103,752,1		109,042	
	13			imilar amounts paid (Part IX, colu					33,686,7		32,862	2,385.
	14			I to or for members (Part IX, colun						ONE		NONE
ses	15			er compensation, employee benef					32,989,0			7,416.
Expenses	16 a	Profes	sional	fundraising fees (Part IX, column	(A), line 11e)			·	14,9	97.	1	<u>5,750.</u>
<u>s</u>	b			sing expenses (Part IX, column (D								
	17			ses (Part IX, column (A), lines 11a					23,888,1			8,397.
	18	Total e	expens	es. Add lines 13-17 (must equal F	Part IX, column (A), line	25)			90,579,0	23.	94,753	3,948.
	19	Reven	ue les:	s expenses. Subtract line 18 from	line 12				13,173,0	81.	14,288	<u>8,677.</u>
s or								Begin	ning of Current	Year	End of Ye	ear
Net Assets or Fund Balances	20	Total a	assets	(Part X, line 16)					335,252,70	59.	316,310	0,745.
dB	21			es (Part X, line 26)					30,596,5	66.	25,364	4,171.
N ^E	22			r fund balances. Subtract line 21					304,656,20	03.	290,940	5,574.
	art II			e Block								
Un	der pe	nalties o	f perjur	y, I declare that I have examined this	return, including accomp	anying sched	ules and state	ements, a	and to the best o	fmy	knowledge and	belief, it is
tru	e, corre	ect, and	complet	e. Declaration of preparer (other than	officer) is based on all info	rmation of wh	ich preparer h	ias any kr	nowledge.			
		•										
Sign		▶ īs	ignatur	e of officer					Date			
He	re	•										
		T T	vpe or r	print name and title								
					Preparer's signature		Date		Chask	;e	PTIN	
Pai	d					NT			Check self-employ	<u> </u>		n
Pre	parer				LAUREN R DENTO	NTN					P01571860	
ller	Only	∣ ⊢ırm's	name	FORVIS, LLP					Firm's EIN 🕨	4	4-0160260	J

111 E. WAYNE ST., SUITE 600 FORT WAYNE, IN 46802

Firm's address 🕨

Use Only

No

260-460-4000

Phone no.

UNIVEF	RSITY OF	MOUNT	UNION

For	990 (2021)	Page 2
Pa	rt III Statement of Program Service Accomplishments	
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	X
•	SEE SCHEDULE O	
_		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	X No
	prior Form 990 or 990-EZ? Yes If "Yes," describe these new services on Schedule O.	A NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
		X No
	If "Yes," describe these changes on Schedule O.	rad by
4	Describe the organization's program service accomplishments for each of its three largest program services, as measu expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$69,712,525. including grants of \$32,862,385.) (Revenue \$69,163,817.)	
	THE LARGEST PROGRAM SERVICE IS UNDERGRADUATE AND GRADUATE EDUCATION	
	BACHELOR'S DEGREES IN ARTS, MUSIC, MUSIC EDUCATION AND SCIENCE ARE	
	OFFERED. THERE ARE 55 UNDERGRADUATE MAJORS INCLUDING BUSINESS ADMINISTRATION, EDUCATION AND SPORTS BUSINESS. MASTER'S DEGREES IN	
	PHYSICIAN ASSISTANT STUDIES AND EDUCATIONAL LEADERSHIP AS WELL AS A	
	DOCTORATE IN PHYSICAL THERAPY ARE ALL OFFERED. THE TOTAL ENROLLMENT	
	FOR FALL 2020 WAS 2,133 STUDENTS.	
4b	(Code:) (Expenses \$8,027,455. including grants of \$) (Revenue \$12,148,248.)	
	AUXILIARY SERVICES IS ONE OF THE LARGEST PROGRAM SERVICES WHICH	
	INCLUDES HOUSING STUDENTS AND PROVIDING CONTRACTED FOOD SERVICES.	
4c	(Code:) (Expenses \$4,214,944. including grants of \$) (Revenue \$391,583.)	
	SEE SCHEDULE O	
_		
4d	Other program services (Describe on Schedule O.)	
_	(Expenses \$ including grants of \$) (Revenue \$)	
JSA	Total program service expenses 81,954,924. 20,4,000 Form 990	(2024)
	20 1.000 Form 990 31619H D320 02/27/2023 17:44:48 V21-7.8F 63126 TX1000 5	(2021)

Form 990 (2021)

Part	V Checklist of Required Schedules		Vee	Na
4	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
1	complete Schedule A.	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
-	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
-	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		37
8	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> . Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>			X
0	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
-	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
L	complete Schedule D, Part VI	11a	X	
D	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>	11b		Х
c	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	4.01		
10	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	v	X
13 14 a	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13 14a	X	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	
18	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>	10	v	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	X	
19	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
JSA 1E1021	1.000	Form	990	(2021)

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Form 990 (2021)

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23	x	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			<u> </u>
27u	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
		0.4-		
	through 24d and complete Schedule K. If "No," go to line 25a	24a	X	<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
C	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		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25 a	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		Х
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?			
	If "Yes," complete Schedule L, Part I	25b		v
		250		X
26	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		X
27	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? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the 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			
a		20-		37
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			<u> </u>
	complete Schedule N, Part II.	32		x
22	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
33				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	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	X	<u> </u>
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	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		Х
37	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		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
50	19? Note: All Form 990 filers are required to complete Schedule O.	38	x	
Dort		30	A	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
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Form 990 (2021)

Par	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
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 2a 1,456			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	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			
Ua	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
D	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
7				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a		Х
b	and services provided to the payor?	7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	10		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		v
	required to file Form 8282?	70		X
	If "Yes," indicate the number of Forms 8282 filed during the year	70		v
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	•		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	•		
	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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	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		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
JSA 1E104	1 1 000	Form	990	(2021)

Form 9	90 (202 ⁻	1) UNIVERSITY OF MOUNT UNION 34-0714	587	F	Page 6
Part	: VI	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below,	and	for a	"No"
		response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S	See in	struc	tions.
		Check if Schedule O contains a response or note to any line in this Part VI			X
Sect		Governing Body and Management			
				Yes	No
1a	Enter	the number of voting members of the governing body at the end of the tax year 1a 31			
	If ther	e are material differences in voting rights among members of the governing body, or			
		governing body delegated broad authority to an executive committee or similar			
b		ittee, explain on Schedule O. the number of voting members included on line 1a, above, who are independent			
2		by officer, director, trustee, or key employee have a family relationship or a business relationship with			
-		her officer, director, trustee, or key employee?	2		х
3		e organization delegate control over management duties customarily performed by or under the direct			
Ŭ		vision of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	-	e organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5		e organization become aware during the year of a significant diversion of the organization's assets?	5		х
6		e organization become aware during the year of a significant diversion of the organization's assets	6		х
7a		e organization have members, stockholders, or other persons who had the power to elect or appoint	-		
'a		more members of the governing body?	7a		х
b		iny governance decisions of the organization reserved to (or subject to approval by) members,			
b		nolders, or persons other than the governing body?	7b		х
8					
0		e organization contemporaneously document the meetings held or written actions undertaken during			
_	-	ar by the following:	8a	х	
a		overning body?	8b	X	
b		committee with authority to act on behalf of the governing body?	0.0		
9		e any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at ganization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		x
Secti		Policies (This Section B requests information about policies not required by the Internal Revenue (-)	- 21
0000	on B.		20000	.) Yes	No
10-		e executivation have lead charters branches as officiate?	10a		x
		e organization have local chapters, branches, or affiliates?	ivu		- 21
b		s," did the organization have written policies and procedures governing the activities of such chapters,	10b		
44.4		es, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	X	
11a		e organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	ITu		
b		ibe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	х	
12a		e organization have a written conflict of interest policy? If "No," go to line 13	120		
a		officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	Х	
		conflicts?	120	A	
С		ne organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Х	
		be on Schedule O how this was done	13	X	
13		e organization have a written whistleblower policy?	13	X	
14		e organization have a written document retention and destruction policy?	14		
15		e process for determining compensation of the following persons include a review and approval by			
		endent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45.	37	
а		rganization's CEO, Executive Director, or top management official	15a	X	
b		officers or key employees of the organization	15b	X	
		" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a		e organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	4.0.1		
		taxable entity during the year?	16a		X
b		s," did the organization follow a written policy or procedure requiring the organization to evaluate its			
		pation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
			16b		
Sect		Disclosure			
17		e states with which a copy of this Form 990 is required to be filed ▶_CO, DC, MA, NH, WA,			
18		n 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T	(sec	tion 5	01(c)
		nly) available for public inspection. Indicate how you made these available. Check all that apply.			
		Dwn website Another's website X Upon request Other (explain on Schedule O)			
19	Descr	ibe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	inter	rest p	olicy,
	and fir	nancial statements available to the public during the tax year.			
20		the name, address, and telephone number of the person who possesses the organization's books and records	5 🕨		
		ICK D HEDDLESTON 1972 CLARK AVE ALLIANCE, OH 44601			
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Part VII	Compensation o	of Officers,	Directors,	Trustees,	ĸey	Employees,	Hignest	Compensated	Employees,	and
	Independent Con	tractors								
						5				

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and 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 the instructions for the order in which to list the persons above.

4

_ 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	box, office or direct	not ch unles	s pe	ition more rson	e than o is both or/trust Highest compensated	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
	dotted line)	tee	ustee			ensated				
(1) THOMAS BOTZMAN	40.00									
PRESIDENT	NONE			x				392,729.	NONE	100,199.
(2) GREGORY KING	40.00			21				552,725.		100,100.
VP, ADVANCMENT/ENROLLMENT	NONE	-		x				210,542.	NONE	29,890.
(3) PATRICK HEDDLESTON	40.00									
VP FOR BUSINESS AFFAIRS	NONE			х				194,919.	NONE	38,281.
(4) JEFFREY BREESE	40.00			-						
PROVOST/VP FOR ACADEMIC AFFAIR	NONE			х				184,096.	NONE	24,005.
(5) JOHN FRAZIER	40.00									· · · · · ·
VP FOR STUDENT AFFAIRS	NONE			х				158,990.	NONE	33,417.
(6) LINDAJEAN WESTERN	40.00									
VP FOR ENROLLMENT SERVICES	NONE			Х				164,347.	NONE	17,772.
(7) KRISTINE STILL	40.00									
DEAN, APPLIED/SOCIAL STUDIES	NONE					Х		139,190.	NONE	25,502.
(8) SANDY MADAR	40.00									
DEAN, NATURAL/HEALTH SCIENCES	NONE					Х		139,446.	NONE	19,526.
(9) MELISSA GARDNER	40.00									
VP FOR MARKETING	NONE			Х				101,580.	NONE	54,560.
(10) TIMOTHY MEYERS	40.00	-								
CHAIR OF NURSING PROGRAM	NONE					Х		132,846.	NONE	14,779.
(11) SHERYL HOLT	40.00	-								
DIRECTOR, PHYSICAL THERAPY	NONE					Х		133,546.	NONE	13,806.
(12) BETSY EKEY	40.00	-								
PROFESSOR, PHYSICIAN ASSISTANT	NONE					Х		130,843.	NONE	13,312.
(13) DR. APRIL C. MASON	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(14) DR. BRADLEY D. CARMAN	1.00	-								
TRUSTEE	NONE	Х						NONE	NONE	

Form 990 (2021)

Form 990 (2021) Part VII Section A. Officers, Directors, Tr	ustoos Ka	w En	nle		26	and L	liał	hest Compensat	ed Employees /o	Page &
(A)	(B)	;y ⊏⊓ ∣	ipic		es, C)	anu f	ngr	(D)	(E)	ontinuea) (F)
Name and title	Average hours per week (list any hours for	Position (do not check more than one box, unless person is both an officer and a director/trustee)					an ee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
15) MR. CHAD V. JOHNSON	1.00									
TRUSTEE	NONE	X						NONE	NONE	NON
16) MR. DANIEL KELLER	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NON
17) MR. EDWARD KOLESAR	1.00									
TRUSTEE	NONE	X						NONE	NONE	NON
18) MR. FLINT J. BRENTON	1.00									
TRUSTEE	NONE	X						NONE	NONE	NON
19) MR. GERARD P. MASTROIANNI	1.00									
TRUSTEE	NONE	X						NONE	NONE	NON
20) MISS GRETCHEN L. SCHULER	1.00	_								
TRUSTEE	NONE	X						NONE	NONE	NON
21) MS. HEIDI K. BARTHOLOMEW TRUSTEE	$1 \cdot 00$ NONE	x						NONE	NONE	NON
22) MRS. J. LYNNE BIERY	1.00									
TRSUTEE	NONE	x						NONE	NONE	NON
23) MR. JAMES E. COSTANZO	1.00									
TRSUTEE	NONE	X						NONE	NONE	NON
24) MR. JAMES P. EISMON	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NON
25) MRS. JANICE SANDERS	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NON
1b Sub-total				_	Ζ.			2,083,074.	NONE	385,049
c Total from continuation sheets to Part VII, S								NONE	NONE	NON
d Total (add lines 1b and 1c)			• •	• •				2,083,074.	NONE	385,049
2 Total number of individuals (including but not reportable compensation from the organizatio		hose	liste	d al		e) who 35	o re	ceived more than	\$100,000 of	
										Yes No
3 Did the organization list any former offic										

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 thos more than \$100,000 in compensation from the organization ►	e listed above) who received	

4

Form 990 (2021) Part VII Section A. Officers, Directors, T	ructoos Ko		nlo			and l	lia	hast Companyat	ad Employees (a	ontinuu		Page 8
Part VII Section A. Officers, Directors, T (A)	(B)	≠y ⊏⊓ 	ipio		35, C)	anur	пg	(D)		ontinue	(F)	
Name and title	Average hours per week (list any hours for	box, office	not ch unles er and	Pos neck s pe d a d	ition mor	e than c is both tor/trust	an tee)	Reportable compensation from the	Reportable compensation from related organizations	an	timated nount of other pensatio	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org an	om the anizatio d related anizatior	b
26) MRS. JENNIFER SLACK	1.00											
TRUSTEE	NONE	Х						NONE	NONE		1	NON
27) MR. JOEL L. SASSA	1.00											
TRUSTEE	NONE	Х						NONE	NONE		1	NON
28) MR. JOHN J. FLYNN	1.00											
TRUSTEE	NONE	Х						NONE	NONE		1	NON
29) MS. LEE ANN THORN	1.00											
TRUSTEE	NONE	X						NONE	NONE		1	NON
30) MR. MARK FEDOR	1.00	_										
TRUSTEE	NONE	X						NONE	NONE		-	NON
31) MR. MATTHEW G. DARRAH	1.00	-										
BOARD CHAIR	NONE	X						NONE	NONE			NON
32) MS. MEI-LIN KHOO	1.00	-										
TRUSTEE	NONE	X						NONE	NONE			NON
33) MR. W. MICHAEL JARRETT	1.00											
TRUSTEE	NONE	X						NONE	NONE			NON
34) MR. C. REGGIE THOMAS	1.00											
TRUSTEE	NONE	X		$\overline{}$				NONE	NONE			NON
35) DR. RICHARD L. DRAKE	<u>1.00</u>							NONE	NONT			NTON1
VICE CHAIR OF BOARD OF TRUSTEE 36) MR. RICHARD MARABITO	NONE 1 00	X						NONE	NONE			NON
	<u>1.00</u> NONE	x						NONE	NONE			
TRUSTEE	NONE	Λ		-			<u> </u>	NONE	NONE		-	NON
c Total from continuation sheets to Part VII,												
d Total (add lines 1b and 1c)									\$100.000 of			
reportable compensation from the organizati		1030	noter	u ai	500		010		ψ100,000 OI			
,											Yes	No
3 Did the organization list any former off	icor directo	or or	tru	icto	~	kov r		lovee or highes	t companyated		103	
3 Did the organization list any former off employee on line 1a? If "Yes," complete Sche										3		
4 For any individual listed on line 1a, is the										5		

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 thos more than \$100,000 in compensation from the organization ►	e listed above) who received	

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Form 990 (2021) Part VII Section A. Officers, Directors, Tr	ustoos Ka		nla		00	and I	Hial	hest Compensat	ed Employees (Page 8
(A)	(B)	;y ⊑⊓ ∣	ipic		es, C)	anu i	ngi	(D)		(F)
Name and title	Average				Sition			Reportable	Reportable	Estimated
	hours per	(do i	not c			e than c	one	compensation	compensation from	amount of
	week (list any					is both		from	related	other
	hours for		-	-		or/trust	- <u> </u>	the	organizations	compensation
	related organizations	r di	nstit	Officer	íey e	mpl	Former	organization	(W-2/1099-MISC)	from the organization
	below dotted	dividual director	utio	er	mp	est o	ēr	(W-2/1099-MISC)		and related
	line)	or tr	nal		Key employee	° m				organizations
		or director	Institutional truste		Ö	pen				
			ee			Highest compensated employee				
37) MR. ROBERT CURRY	1.00									
TRUSTEE	NONE	X						NONE	NONE	non
38) MR. SCOTT R. GINDLESBERGER	1.00									
 TRUSTEE	NONE	x						NONE	NONE	non
39) MR. SEAN M. MOORE	1.00									
	NONE	x						NONE	NONE	non
40) MRS. SUZAN GORIS	1.00									
TRUSTEE	NONE	x						NONE	NONE	non
41) DR. VICTOR J. BOSCHINI	1.00							NONE		
ITUSTEE	NONE	x						NONE	NONE	e non
42) MR. DERRICK RIPPY	1.00							INCINE		
	+	v						NONE		non
IRUSTEE	NONE 1 00	X	-		-			NONE	NONE	
43) MR. LAURENCE E. TALLEY	1.00									
TRUSTEE	NONE	X						NONE	NONE	E NON
	+									
		-								
1b Sub-total							•			
c Total from continuation sheets to Part VII, S	Section A									
d Total (add lines 1b and 1c)									\$100.000 of	
2 Total number of individuals (including but not reportable compensation from the organizatio		nose	liste	eu a	DOV	e) who	bre	ceived more than	\$100,000 01	
										Yes No
B Did the organization list any former offic										
employee on line 1a? If "Yes," complete Scheo	lule J for su	ch ina	livia	lual						3 X
4 For any individual listed on line 1a, is the	sum of rer	oortab	ole (com	nper	satio	n ai	nd other compens	sation from the	
organization and related organizations gr	eater than	\$15	50,0)00?	? //	"Yes	S," (complete Schedu	le J for such	
individual										4 X
5 Did any person listed on line 1a receive or	accrue co	mpen	sati	ion	fron	n any	un	related organizati	on or individual	
for services rendered to the organization? If "Y										5 X
Section B. Independent Contractors										
Complete this table for your five highest com compensation from the organization. Report of										
year.							_			
(A) SEE SCHEDULE O Name and business ad	dress							(B) Description of se	ervices ((C) Compensation
							+			

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 5
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Form 990 (2021)

UNIVERSITY OF MOUNT UNION Part VIII Statement of Revenue

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		Check if Schedule O contains a resp	ponse or note to a	ny line in this Part \	/		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ŝ	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts							
n <u>o</u> r	b	Membership dues 11		-			
Ån	С	Fundraising events 1		-			
Giff	d	Related organizations					
s, (mi	е	Government grants (contributions)	12,347,911.	-			
Sig	f	All other contributions, gifts, grants,					
Jer		and similar amounts not included above . 1f	5,935,967.	_			
Gib	g	Noncash contributions included in					
dut		lines 1a-1f	\$ 244,755.				
аŭ	h	Total. Add lines 1a-1f		18,667,210.			
			Business Code				
ë	2-	STUDENT TUITION	611710	68,616,736.	68,616,736.		
ž	2a	DORMITORIES	611710	7,629,366.	7,629,366.		
Program Service Revenue	b		611710	4,371,462.	4,371,462.		
۲er	c	FOOD SERVICE					
gra	d	BOOK STORE SALES	451110	57,600.	57,600.		
Š	е	RENTAL/HOUSING	611710	44,793.	44,793.		
٩	f	All other program service revenue	611710	983,691.	983,691.		
	g	Total. Add lines 2a-2f	<u> </u>	81,703,648.			
	3	Investment income (including dividend	ls, interest, and				
		other similar amounts)		5,623,177.		177,053.	5,446,124.
	4	Income from investment of tax-exempt bo	ond proceeds	NONE			
	5	Royalties		13,171.			13,171.
		(i) Real	(ii) Personal				
	6a	Gross rents 6a 55,0	0.0				
	b	Less: rental expenses 6b	2.0				
	С	Rental income or (loss) 6c 55,0					
	d	Net rental income or (loss)		55,000.			55,000.
	7a	Gross amount from (i) Securities	(ii) Other	-			
		sales of assets					
		other than inventory 7a 38,468,5	29.				
e	b	Less: cost or other basis					
evenue		and sales expenses 7b 35,459,2	65.				
exe	с	Gain or (loss) 7c 3,009,2	64.				
R		Net gain or (loss)		3,009,264.			3,009,264.
Other							
đ	8a	Gross income from fundraising					
			*				
		of contributions reported on line					
		1c). See Part IV, line 18	a NONE				
	b	Less: direct expenses	b 28,845.				
	c	Net income or (loss) from fundraising ever	<u>nts</u>	-28,845.			-28,845.
	9a	Gross income from gaming					
		activities. See Part IV, line 19	a NONE				
	b	Less: direct expenses	b NONE	2			
	c	Net income or (loss) from gaming activitie		NONE			
	10a	Gross sales of inventory, less returns and allowances	na noni				
			54				
	b						
	С	Net income or (loss) from sales of inventory		NONE			
sn			Business Code				
ue ue	11a		_				
en	b						
Miscellaneous Revenue	с						
IIS R	d	All other revenue					
2	е	Total. Add lines 11a-11d	<u> </u>	NONE			
	12	Total revenue. See instructions		109,042,625.	81,703,648.	177,053.	8,494,714.

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must		All other organization	ne must complete colum	$nn(\Lambda)$
Check if Schedule O contains a resp			•	
Do not include amounts reported on lines 6b, 7b,			(C)	(D)
8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations		0.10000	general expenses	
and domestic governments. See Part IV, line 21	NONE			
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	32,862,385.	32,862,385.		
3 Grants and other assistance to foreign				
organizations, foreign governments, and				
foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors,				
trustees, and key employees	1,707,503.	763,000.	472,440.	472,063
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	NONE	00.655.452	0.015.404	<u> </u>
7 Other salaries and wages	25,610,200.	22,657,453.	2,317,494.	635,253
8 Pension plan accruals and contributions (include	2,156,458.	1,815,274.	221,448.	119,736
section 401(k) and 403(b) employer contributions)	2 5 2 2 6 2 6 2	2 0 6 1 0 2 2	F00 4F0	
9 Other employee benefits	3,522,368.	2,861,833.	582,459.	78,076
10 Payroll taxes	1,880,887.	1,635,979.	184,520.	60,388
11 Fees for services (nonemployees):	NONE			
a Management	NONE	26.066	642 664	
b Legal	669,530. 113,144.	26,866.	642,664. 113,144.	
c Accounting	NONE		115,144.	
d Lobbying	15,750.			15,750
e Professional fundraising services. See Part IV, line 17.	NONE			15,750
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column	3,948,786.	3,441,399.	507,387.	
(A), amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion	257,070.	134,053.	94,159.	28,858
13 Office expenses	5,834,412.	2,219,455.	3,544,217.	70,740
14 Information technology	2,132,545.	1,790,055.	342,490.	
15 Royalties	NONE	, ,		
16 Occupancy	3,354,243.	2,621,722.	732,521.	
17 Travel	1,382,660.	1,213,440.	86,013.	83,207
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	670,489.	335,340.	242,254.	92,895
20 Interest	531,272.	401,341.	129,931.	
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	5,789,383.	5,544,048.	218,316.	27,019
23 Insurance	269,242.	269,242.		
24 Other expenses. Itemize expenses not covered				
above. (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A), amount, list line 24e expenses on Schedule O.)				
a DUES & MEMBERSHIPS	350,923.	175,901.	101,633.	73,389
b EQUIPMENT	1,037,147.	835,273.	186,124.	15,750
c CATERING EXPENSE	220,358.	133,472.	58,484.	28,402
d COLLECTION EXPENSE	181,543.		181,543.	
e All other expenses	255,650.	217,393.	24,007.	14,250
25 Total functional expenses. Add lines 1 through 24e	94,753,948.	81,954,924.	10,983,248.	1,815,776
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)				

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following SOP 98-2 (ASC 958-720)

Form 990 (2021)

Page	1	1	

Da	rt X				
Га		Check if Schedule O contains a response or note to any line in this P	art X		
			(A)	•••	(B)
			(A) Beginning of year		End of year
	1	Cash - non-interest-bearing	3,025.	1	4,569
	2	Savings and temporary cash investments.	34,876,226.	2	34,093,537
	3	Pledges and grants receivable, net	1,724,620.	3	992,806
	4	Accounts receivable, net	1,516,654.	4	1,950,195
	5	Loans and other receivables from 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	NONE	5	NON
	6	Loans and other receivables from other disqualified persons (as defined			
		under section $4958(f)(1)$), and persons described in section $4958(c)(3)(B)$.	NONE	6	NON
its	7	Notes and loans receivable, net	1,506,641.	7	946,407
Assets	8	Inventories for sale or use	153,969.	8	75,730
∢	9	Prepaid expenses and deferred charges	NONE	9	NON
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 249,745,300.			
	b	Less: accumulated depreciation	141,836,122.	10c	139,548,398
	11	Investments - publicly traded securities SEE SCHEDULE .O	128,114,638.	11	113,703,931
	12	Investments - other securities. See Part IV, line 11	12,504,525.	12	14,179,026
	13	Investments - program-related. See Part IV, line 11	NONE	13	NON
	14	Intangible assets	NONE	14	NON
	15	Other assets. See Part IV, line 11	13,016,349.	15	10,816,146
	16	Total assets. Add lines 1 through 15 (must equal line 33)	335,252,769.	16	316,310,745
	17	Accounts payable and accrued expenses.	5,906,808.	17	4,577,053
	18	Grants payable	NONE		NON
	19	Deferred revenue	1,339,703.	19	685,576
	20	Tax-exempt bond liabilities	16,831,119.	20	15,675,160
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NON
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
lab		controlled entity or family member of any of these persons	NONE		NON
	23	Secured mortgages and notes payable to unrelated third parties	NONE		NON
	24	Unsecured notes and loans payable to unrelated third parties	1,050,000.	24	500,000
	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	5,468,936.		3,926,382
	26	Total liabilities. Add lines 17 through 25	30,596,566.	26	25,364,171
es		Organizations that follow FASB ASC 958, check here ► X			
anc		and complete lines 27, 28, 32, and 33.			
Sal	27	Net assets without donor restrictions	136,854,299.	27	146,761,852
	28	Net assets with donor restrictions,	167,801,904.	28	144,184,722
<u>P</u>		Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
5					
ts	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund	-	30	
Ä	31	Retained earnings, endowment, accumulated income, or other funds		31	
ž	32	Total net assets or fund balances	304,656,203.		290,946,574
	33	Total liabilities and net assets/fund balances	335,252,769.	33	316,310,745 Form 990 (2021

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-	00 (2021)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	10	9,0	42,	<u>625</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	9	4,7	53,	<u>948</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3	1	4,2	88,	<u>677</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	30	4,6	56,	<u>203</u> .
5	Net unrealized gains (losses) on investments	5	-2	5,9	84,	<u>953</u> .
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O).	9	_	2,0	13,	<u>353</u> .
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	29	0,9	46,	<u>574</u> .
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed or	na			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in t	he			
	Single Audit Act and OMB Circular A-133?		• •	3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	•				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	dits .		3b	Х	

Form **990** (2021)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 Open to Public nspection

Nam	e of the	organization					Employer identif	ication number
UN:	IVERS	SITY OF MOUNT UNIO	N				34-0	714687
Ра		Reason for Public Cha		organizations must	complet	te this pa	art.) See instruction	S.
The	organ	nization is not a private fou	ndation because if	t is: (For lines 1 throu	gh 12, ch	neck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2	X A	A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90).)		
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	on 170(b)	(1)(A)(iii).	
4	A	A medical research organiz	zation operated in	conjunction with a host	spital de	scribed ir	n section 170(b)(1)(A)(iii). Enter the
		nospital's name, city, and st						
5		An organization operated		a college or universi	ty ownee	d or ope	erated by a governme	ental unit described in
_		section 170(b)(1)(A)(iv). (C						
6		A federal, state, or local go	•					
7		An organization that norma	-	-	ipport fr	om a go	vernmental unit or fr	om the general public
0		described in section 170(b)			Dort IIA			
8 9		A community trust describe An agricultural research or	-				Lin conjunction with a	land-grant college
3		or university or a non-land-	-			-		
		iniversity:	grant concyc or a		цонз). E		name, ony, and state e	i the conege of
10 11		An organization that norma eccipts from activities rela support from gross investm acquired by the organizatio An organization organized	ited to its exempt for the second up and up after June 30, 1	functions, subject to c nrelated business tax 975. See section 509	ertain ex able inco (a)(2). (0	ceptions ome (less Complete	s; and (2) no more tha s section 511 tax) from Part III.)	n 331/3 % of its
12	A [An organization organized a	and operated exclu	sively for the benefit of	of, to per	form the	functions of, or to ca	rry out the purposes of
	C	one or more publicly suppo	rted organizations	described in section 5	09(a)(1)	or secti	on 509(a)(2). See see	ction 509(a)(3). Check
	t	he box on lines 12a throug	h 12d that describ	bes the type of suppor	rting orga	anization	and complete lines 1	2e, 12f, and 12g.
а		Type I. A supporting orga	anization operated	l, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	ees of the
		supporting organization.						
b		Type II. A supporting org	anization supervis	ed or controlled in co	nnectior	n with its	supported organizati	on(s), by having
		control or management of		7	the sam	e persor	is that control or mar	hage the supported
		organization(s). You must						
С		Type III functionally integ						lly integrated with,
		its supported organization						
d		Type III non-functionally			-			
		that is not functionally interesting the requirement (see instruct	-		-			d an alleniiveness
е		Check this box if the orga		•				
C		functionally integrated, or						
f	Ente	or the number of supported						
g	Prov	vide the following information	on about the supp	orted organization(s).				
	(i) Nan	ne of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	al							

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 1E1210 1.000

Schedule A (Form 990) 2021

Page 2

UNIVERSITY OF MOUNT UNION 34-0714687 Schedule A (Form 990) 2021 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Gifts, grants, contributions, and 1 membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) Public support. Subtract line 5 from line 4 6 Section B. Total Support (b) 2018 (c) 2019 Calendar year (or fiscal year beginning in) > (a) 2017 (d) 2020 (e) 2021 (f) Total 7 Amounts from line 4 Gross income from interest, dividends, 8 payments received on securities loans, rents, royalties, and income from similar sources

9 Net income from unrelated business activities, whether or not the business is regularly carried on

10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)

11 Total support. Add lines 7 through 10 . .

 12
 Gross receipts from related activities, etc. (see instructions)
 12

 13
 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.
 ▶

Section C. Computation of Public Support Percentage

14	Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) 14	%
15	Public support percentage from 2020 Schedule A, Part II, line 14	%
16a	331/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this	
	box and stop here. The organization qualifies as a publicly supported organization.	
b	331/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check	
	this box and stop here. The organization qualifies as a publicly supported organization	
17a	10%-facts-and-circumstances test - 2021. 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	
b	10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line	
	15 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	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	
	instructions	

Schedule A (Form 990) 2021

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Schedule	А	(Form	990)	202
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Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
	line 6.)				×		
Sec	tion B. Total Support				I	I	I
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar						
L.							
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11							
	activities not included in line 10b, whether	The second se					
	or not the business is regularly carried on.	-					
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
13	(Explain in Part VI.) Total support. (Add lines 9, 10c, 11,						
13	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first secon	d third fourth	or fifth tax ve	ar as a section	501(c)(3)
14	organization, check this box and stop here .	-			•		
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2021 (line 8,			mn (f))		15	%
16	Public support percentage from 2020 Sche					16	%
Sec	tion D. Computation of Investment						
17	Investment income percentage for 2021 (lin			13, column (f))		17	%
18	Investment income percentage from 2020					18	%
19 a	331/3% support tests - 2021. If the or					ore than 331/3%	, and line
	17 is not more than 331/3%, check this	-					
b	331/3% support tests - 2020. If the orga	-	-			•••••	
	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization of	did not check a	a box on line 1	4, 19a, or 19b	, check this bo	x and see instru	uctions 🕨 📃
JSA 1E122	1 1.000					Schedule	A (Form 990) 2021
	216101 0200 00/07/0000 1	7.44.40 370					20

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined on 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.*
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

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Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Sect	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			

- more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section 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 supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
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 on line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's</i>			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru-	uctions	;).
		Yes	No
2	Activities Test. Answer lines 2a and 2b below.		

а	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	
b		2b	
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> 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>If</i> "Yes" or "No," provide details in Part VI.	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.	3b	

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021			Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organization 1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization	ng trust on	Nov. 20, 1970 (<i>expla</i>	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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 Yea (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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c 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 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 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 integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions				Current Year		
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		1			
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed				
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5			
6	Other distributions (describe in Part VI). See instructions.	· · · · ·		6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2021 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	s	(iii) Distributable Amount for 2021		
_1	Distributable amount for 2021 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2021						
	(reasonable cause required - <i>explain in Part VI</i>). See						
	instructions.				, 		
3	Excess distributions carryover, if any, to 2021						
a	From 2016						
b	From 2017						
C	From 2018						
d	From 2019						
е	From 2020						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2021 distributable amount						
i	Carryover from 2016 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2021 from						
	Section D, line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2021 distributable amount						
C	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2021, if						
	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2021. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2022. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
а	Excess from 2017						
b	Excess from 2018						
С	Excess from 2019						
d	Excess from 2020						
е	Excess from 2021						

Schedule A (Form 990) 2021

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990 or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

Employer identification number

UNIVERSITY OF MOUNT UN	JION	34-0714687
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private four	ndation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundat	ion
	501(c)(3) taxable private foundation	

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

Example For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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1	ALLEN E. GREEN		Person
	1691 AMARILLO ST NW	\$13,128.	Payroll X
	NORTH CANTON, OH 44720		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	AMERICAN ENDOWMENT FOUNDATION		Person X
	5700 DARROW RD STE 118	\$13,500.	Payroll Noncash
	HUDSON, OH 44236		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	AMERICAN KENDA RUBBER INDUSTRIAL CO. LTD		Person X
	5801 MAYFAIR RD.	\$5,000.	Payroll Noncash
	NORTH CANTON, OH 44720		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	AMERIPRISE FINANCIAL		Person
	70400 AMERIPRISE FINANCIAL CENTER	\$16,125.	Payroll Noncash
	MINNEAPOLIS, MN 55474		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	ANDREW B. WRIGHT		Person X
	807 N COLLEGE AVE	\$5,000.	Payroll Noncash
	CLAREMONT, CA 91711		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	APRIL C. MASON		Person X
	1105 HEATHERWOOD LN	\$5,000.	Payroll
	FORT COLLINS, CO 80525	ψ	Noncash (Complete Part II for noncash contributions.)

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Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	BARNES AND NOBLE COLLEGE BOOKSELLERS 120 MOUNTAIN VIEW BLVD BASKING RIDGE, NJ 07920	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	BENEVITY COMMUNITY IMPACT FUND 5700 DARROW RD STE 118 HUDSON, OH 44236	\$ 49,150.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	BETTY LOU HONAKER 1277 S SAWBURG AVE APT 106 ALLIANCE, OH 44601	\$ 7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	BIERY FAMILY FOUNDATION INC. 6544 PARIS AVE LOUISVILLE, OH 44641	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	BLAIR CUMMINS 5163 CHESHIRE GLEN RD CANANDAIGUA, NY 14424	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	BRADLEY D. CARMAN 925 ASH RD MARIETTA, OH 45750	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Employer identification number 34-0714687

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	BRADLEY GORIS 1600 S UNION AVE ALLIANCE, OH 44601	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
14	CARL AND SADIE SHAHEEN CHARITABLE FDN 1565 FULTON RD NW CANTON, OH 44703	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
15	CAROLYN MACKEY 191 ERNEST DR TALLMADGE, OH 44278	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
16	CATHEY A. GRAVES 1560 11TH ST MANHATTAN BEACH, CA 90266	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
17	CHAD V. JOHNSON 9149 STONEGATE CIR NORTH RIDGEVILLE, OH 44039	\$6,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
 	CHRISTOPHER L. WEBER 10485 NE 6TH ST APT 2729 BELLEVUE, WA 98004	\$50,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

UNIVERSITY OF MOUNT UNION

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Name of organization

Part I

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Employer identification number

34-0714687

Name of c	UNIVERSITY OF MOUNT UNION		Employer identification number 34-0714687
Part I	Contributors (see instructions). Use duplicate copies of F	Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	CONNIE STOPPER 521 IVAN DR	\$9,500.	Person X Payroll Noncash
	KENT, OH 44240		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	CYNTHIA L. ROBINSON 122 PEMBERTON PL HOPKINSVILLE, KY 42240	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	DAVID D. DABELKO <u>40 BRIARWOOD DR</u> <u>ATHENS, OH 45701</u>	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
22	DAVID M. BLANK 24543 FORTUNE TRL WESTLAKE, OH 44145	\$17,638.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	DAVID R. RIGGS 8682 SERENITY DR NW MASSILLON, OH 44646	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
24	DAVID R. SCHOOLER 273 E SYCAMORE ST COLUMBUS, OH 43206	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2021)

(a) (b) No. Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
_25 DAVID W. STEWART <u>410 29TH CT SW</u> <u>VERO BEACH, FL 32968</u>	\$5,000. Person X Payroll Noncash Image: second contribution (Complete Part II for noncash contributions.)
(a) (b) No. Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
26 DEBBIE E. HEIDA 2196 MARTHA BERRY HWY NE	Person X Payroll \$\$
<u>ROME, GA 30165</u>	(Complete Part II for noncash contributions.)
(a) (b) No. Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
27 DONNA J. ERMLICH 1110 KINGSWAY ST ALLIANCE, OH 44601	\$ 1,395,530. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) (b) No. Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
28 DOROTHY J. DAVIS 2359 CAMBURY ST ALLIANCE, OH 44601	\$18,700. Person X Payroll Noncash Output (Complete Part II for noncash contributions.)
(a) (b) No. Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
29 EDWARD W. AND ALICE R. POWERS TRUST PNC-200 PUBLIC SQ CLEVELAND, OH 44101	\$ 48,360. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) (b) No. Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
30 EDWARD M. KOLESAR	Person X Payroll

(Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2021)

Employer identification number 34-0714687

Schedule B (F	orm 990) (2021
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UNIVERSITY OF MOUNT UNION

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Name of organization

Part I

Name of c	organization UNIVERSITY OF MOUNT UNION		Employer identification number 34-0714687
Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is n	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	ELAINE V. DABELKO <u>40 BRIARWOOD DR</u> <u>ATHENS, OH 45701</u>	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	ERNST AND YOUNG PO BOX 3540 PRINCETON, NJ 08543	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277	\$11,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	FPL FINANCIAL STRATEGIES 270 E. MAIN STREET, SUITE M CANTON, GA 30114	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35	FRED F. SILK CHARITABLE FOUNDATION 1731 EDMAR ST LOUISVILLE, OH 44641	\$250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36	GEORGE A. KNIGHT 6580 TURTLE HILL RD LAS VEGAS, NV 89110	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2021) Name of organization

Name of c	organization UNIVERSITY OF MOUNT UNION		Employer identification number 34-0714687
Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is n	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	GEORGE E. STRADLEY 69 WEST DR HARTVILLE, OH 44632	\$17,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38	GLENN E. HAMILTON 12260 S.W. 99 STREET MIAMI, FL 33186	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39	GREATER ALLIANCE FOUNDATION INC. 960 W STATE ST STE 220 ALLIANCE, OH 44601	\$ 36,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40	GREATER HORIZONS 1055 BROADWAY BLVD STE 130 KANSAS CITY, MO 64105	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	GREG P. FLASCO 557 W STEELS CORNERS RD CUYAHOGA FALLS, OH 44223	\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	GRETCHEN L. SCHULER 28710 BERKSHIRE DR NORTH OLMSTED, OH 44070	\$47,215.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2021)

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Schedule B (Form 990) (2021)

Name of c	university of mount union		Employer identification number 34-0714687
Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is n	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	HAMMOND CONSTRUCTION 1278 PARK AVE SW CANTON, OH 44706	\$61,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44	HAROLD M. KOLENBRANDER 14 COOKE ST PAWTUCKET, RI 02860	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45	HARRY F. GOULDER PO BOX 1793 CAVE CREEK, AZ 85327	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46	J. D. CUNNINGHAM 813 VIEW POINT RD JAMESTOWN, KY 42629	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47	JACK D. BUTLER 6576 TORINGTON DR MEDINA, OH 44256	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48	JAMES E. KIMBLE 462 W HERITAGE DR CUYAHOGA FALLS, OH 44223	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2021)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	JAMES G. ANTHONY 1675 E MAIN ST # 251 KENT, OH 44240	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50	JAMES P. EISMON 71 GREAT OAK DR	\$ 13,328.	Person X Payroll Noncash (Complete Part II for
	HUDSON, OH 44236		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51	JANET M. CUMMINGS 8710 VICKERY RD CASTALIA, OH 44824	\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 JANICE M. SANDERS 418 MARIETTA AVE	Total contributions	X Person X Payroll Image: Complete Part II for
<u> </u>	Name, address, and ZIP + 4 JANICE M. SANDERS 418 MARIETTA AVE HAWTHORNE, NY 10532 (b)	Total contributions \$15,000. (c)	Type of contribution Person X Payroll
<u> </u>	Name, address, and ZIP + 4 JANICE M. SANDERS 418 MARIETTA AVE HAWTHORNE, NY 10532 (b) Name, address, and ZIP + 4 JARRETT COMPANIES, INC. 1347 N MAIN ST	Total contributions \$15,000. (c) Total contributions	Type of contribution Person X Payroll X Noncash X (Complete Part II for noncash contributions.) (d) Type of contribution X Person X Payroll X Noncash X (Complete Part II for X

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Page 2 Employer identification number

34-0714687

Schedule B	(Form 990)) (2021)
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UNIVERSITY OF MOUNT UNION

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Name of organization

Part I

Name of organization UNIVERSITY OF MOUNT UNION			Employer identification number 34-0714687
Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is n	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	JEFFREY R. JAKMIDES 1485 BRIARWOOD RD	\$20,000.	Person X Payroll Noncash (Complete Part II for
(a)	ALLIANCE, OH 44601 (b)	(c)	noncash contributions.)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
56	JIM E. COSTANZO 2856 TALL TIMBERS DR MILFORD, MI 48380	\$ 102,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57	JOANNE E. BHATTA 100 GLENVIEW PL APT 300 NAPLES, FL 34108	\$ 625,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58	JOEL L. SASSA 13708 TRENTINO ST VENICE, FL 34293	\$5,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59	JOHN H. GOTSHALL 12051 RAVENNA AVE LOUISVILLE, OH 44641	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60	JOHN J. FLYNN 1491 RIVER EDGE DR KENT, OH 44240	\$11,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2021)

Name of organization			Employer identification number		
UNIVERSITY OF MOUNT UNION			34-0714687		
Part I					
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
61	JOSEPH W. HOLLIDAY 103 ALLEGHENY AVE CHESWICK, PA 15024	\$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
62	KAREN A. ROBINSON 2323 CARRINGTON ST NW NORTH CANTON, OH 44720	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
63	KATHLEEN P. CRISPIN 5 PEPPERGRASS RD CAPE ELIZABETH, ME 04107	\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
64	KATHY G. ADAMS 8463 SCHUBERT AVE NE ALLIANCE, OH 44601	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
65	LARRY D. SHINN 183 FOX RIDGE LN WINFIELD, PA 17889	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
66	LAWSON C. SMART 83 N FOREST AVE MEADVILLE, PA 16335	\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

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Name of organization UNIVERSITY OF MOUNT UNION			Employer identification number 34-0714687		
Part I					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
67	LINDA S. GREEN 5939 HARTLEY BRIDGE RD. MACON, GA 31216	\$28,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
68	LOUIS E. DAUGHERTY 6480 MAYFIELD LN ZIONSVILLE, IN 46077	\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
69	LYNN O. SONTUM PO BOX 243 SAXONBURG, PA 16056	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
70	MARK R. ALLEN 6645 GREEN SHADOWS LN MEMPHIS, TN 38119	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
71	MARLA D. CHISHOLM 256 HICKOK RD NEW CANAAN, CT 06840	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	MARTHA JANE SVOBODA 1743 BRITTON RD CRESTON, OH 44217	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

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(d) Type of contribution Person X Payroll D Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Question X Person X Payroll D Noncash (Complete Part II for noncash contributions.)
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Payroll Noncash
(Complete Part II for noncash contributions.)

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Employer identification number

Schedule B (Form 990) (2021)	
Name of organization	

Schedule B	9 (Form 990) (2021)		Page 2
Name of c	organization UNIVERSITY OF MOUNT UNION		Employer identification number 34-0714687
Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	NANCY H. HILL		Person X
	172 LARIMAR DR	\$62,500.	Payroll Noncash
	WILLOWICK, OH 44095		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80	NANCY J. GRAY 514 KENDAL DR	\$ <u>154,895.</u>	Person X Payroll Noncash

		Φ	Noncash
	OBERLIN, OH 44074		(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
81	NATIONAL CABINET OF MOUNT UNION WOMEN		Person X
	MATIONAL CADINET OF MOONT ONION WOMEN		
	1972 CLARKE AVE	\$ 16,660.	Payroll
		4 10,000.	Noncash
	ALLIANCE, OH 44601		(Complete Part II for noncash contributions.)
	AllIANCE, OII 44001		noncash contributions.)
(a)	(b)	(c)	(d)
(a) No.	Name, address, and ZIP + 4	(C) Total contributions	Type of contribution
82	NED F. BAUHOF		Person X
	8883 CAMDEN RD NW	\$5,000.	Payroll
	0003 CANDEN KD NW	\$	Noncash
	MASSILLON, OH 44646		(Complete Part II for noncash contributions.)
			noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
83	NIALL W. SLATER		Person X
			Payroll
	1485 WOODSHIRE DR	\$20,901.	Noncash X
		Ψ	
	DECATUR, GA 30033		(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
84	NICHOLAS B. RUSSO		Person X
			Payroll
	21315 KENWOOD AVE	\$31,631.	Noncash X
			(Complete Part II for
	ROCKY RIVER, OH 44116		noncash contributions.)

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Name of c	rganization UNIVERSITY OF MOUNT UNION		Employer identification number 34-0714687
Part I	Contributors (see instructions). Use duplicate copies of I	Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	NICHOLAS J. SIRIANNI		Person X Payroll
	230 W SUMMIT AVE	\$10,000.	Noncash
	HADDONFIELD, NJ 08033		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86	OHIO FOUNDATION OF INDEPENDENT COLLEGES		Person X
	250 E BROAD ST STE 1700	\$58,090.	Payroll Noncash
	COLUMBUS, OH 43215		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87	P. ROGER CLAY		Person X
	13892 CONGRESS LAKE AVE NE	\$ 13,000.	Payroll X
	HARTVILLE, OH 44632		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
88	PATRICK J. EATON		Person
	12525 KING CHURCH AVE NW	\$27,500.	Payroll Noncash
	UNIONTOWN, OH 44685		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
89	PAUL R. WHITE		Person
	3815 ASHWOOD ST NW	\$17,667.	Payroll Noncash
	CANTON, OH 44708		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
90	PERRY F. KING		Person
	3647 WRIGHTWOOD DR	\$12,000.	Payroll Noncash
	STUDIO CITY, CA 91604		(Complete Part II for noncash contributions.)

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Name of c	organization UNIVERSITY OF MOUNT UNION		Employer identification number 34-0714687
Part I	Contributors (see instructions). Use duplicate copies of F	Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	PHILIP L. ORWICK 428 W SWON AVE SAINT LOUIS, MO 63119	\$12,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
92	PREFERRED ACQUISITION CO. LLC 4871 NEO PARKWAY CLEVELAND, OH 44128	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
93	PURE ROMANCE PARTIES, INC. <u>655 PLUM ST</u> <u>CINCINNATI, OH 45202</u>	\$9,428.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
94	RALPH E. TOALSTON 1500 PRESIDENTS ST LOUISVILLE, OH 44641	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
95	RICHARD C. MCPHERSON 1185 IMMOKALEE RD STE 110 NAPLES, FL 34110	\$105,797.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
96	RICHARD L. DRAKE 19978 CHAGRIN BLVD SHAKER HEIGHTS, OH 44122	\$102,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2021)

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Name of c	organization UNIVERSITY OF MOUNT UNION		Employer identification number 34-0714687
Part I	Contributors (see instructions). Use duplicate copies of P	Part I if additional space is n	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	RICHARD T. MARABITO		Person X Payroll
	7919 SHERMAN RD	\$10,000.	Noncash
	GATES MILLS, OH 44040		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
98	ROBERT L. BERRODIN		Person X Payroll
	438 BROWNING AVE NW	\$11,000.	Noncash
	NORTH CANTON, OH 44720		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
99	RONALD L. WALTER		Person
	8841 ETERA DR	\$9,000.	Payroll Noncash
	SARASOTA, FL 34238		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
100	ROY'S WASH AND LUBE		Person
	2180 W STATE ST	\$5,000.	Payroll Noncash
	ALLIANCE, OH 44601		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_101	SAMUEL L. DOUGLASS		Person X
	1290 BOYCE ROAD	\$25,000.	Payroll Noncash
	PITTSBURGH, PA 15241		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
102	SANDRA A. KRAMER		Person
	3502 27TH ST NW	\$12,700.	Payroll Noncash
	CANTON, OH 44708		(Complete Part II for noncash contributions.)

	UNIVERSITY OF MOUNT UNION		34-0714687
Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	SANDRA L. TUCKER 5516 STONE RUN DR FAIRVIEW, PA 16415	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4 SANDY J. WOTRING 5943 SW 93RD CIR OCALA, FL 34481	Total contributions \$7,500.	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
105	SANGREE FAMILY FOUNDATION 1041 FERNWOOD BLVD ALLIANCE, OH 44601	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_106	SCHWAB CHARITABLE FUND 211 MAIN STREET SAN FRANCISCO, CA 94105	\$28,300.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_107	SCOTT R. TAYLOR 1337 SUNGATE DR MANSFIELD, OH 44903	\$23,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_108	SEAN M. MOORE 774 MAYS BLVD #10651 INCLINE VILLAGE, NV 89451	\$16,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2021)

Name of organization

UNIVERSITY OF MOUNT UNION

	UNIVERSITY OF MOUNT UNION		34-0/1468/
Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_109	SETH W. BROWN 3214 N MARINA VIEW DR PORT CLINTON, OH 43452	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_110	STARK COMMUNITY FOUNDATION 400 MARKET AVE N STE 200 CANTON, OH 44702	\$133,789.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_111	STEVE S. HARTER 426 W COWAN DR HOUSTON, TX 77007	\$ 450,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_112	STEVEN J. BARR 1924 LOS ANGELES AVE BERKELEY, CA 94707	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
113	SUSAN BARNHOUSE 11879 HEIMBERGER RD NW BALTIMORE, OH 43105	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_114	THE BLACKBAUD GIVING FUND 65 FAIRCHILD STREET CHARLESTON, SC 29492	\$10,611.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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MINURRENTY OF MOUNT UNION 34-0714687 Battl Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) Name, address, and ZIP + 4 Total contributions Type of contributions 115 THE CLEVELAND FOUNDATION 9, 5,000. (a) Person X 1422 EUCLID AVE STE 1300 \$, 5,000. (c) Person X (a) Name, address, and ZIP + 4 Total contributions Person X (b) Name, address, and ZIP + 4 Total contributions Person X (c) Columbus Foundations (c) (c) Person X 116 THE COLUMBUS FOUNDATION Person Person X Person Y (c) Person X Person X Person Y (c) (c) Person X Person Y (c) (c) (c) (c) (c) No. Noncash (c) (c) No. Noncash (c) Noncash (c) Noncash <th></th> <th>3 (Form 990) (2021) organization</th> <th></th> <th>Page 2</th>		3 (Form 990) (2021) organization		Page 2
(a) (b) Name, address, and ZIP + 4 Total contributions Type of contributions 115 THE CLEVELAND FOUNDATION 1422 EUCLID AVE STE 1300 \$		UNIVERSITY OF MOUNT UNION		
No. Name, address, and ZIP + 4 Total contributions Type of contributions 115 THE CLEVELAND FOUNDATION 1422 EUCLID AVE STE 1300 \$.000. Person Payroll Noncash Payroll Noncash 119 THE HUNTINGTON NATIONAL BANK 220 MARKET AVE S CANTON, OH 44702 Person Payroll Noncash Payroll Noncash Pe	Part I	Contributors (see instructions). Use duplicate copies of F	Part I if additional space is n	eeded.
1422 EUCLID AVE STE 1300 \$				(d) Type of contribution
1422 EUCLID AVE STE 1300 \$	115	THE CLEVELAND FOUNDATION		
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No. Name, address, and ZIP + 4 Total contributions Type of contributions 116 THE COLUMBUS FOUNDATION \$ 10,000. Person X 1234 E BROAD ST (c) (c) (a) (b) (c) (c) No. Name, address, and ZIP + 4 Total contributions Type of contributions.) (a) (b) (c) (c) (d) S757 MAYPATR RD 10,000. Person X Payroll NORTH CANTON, OH 44720 10,000. Person X Payroll (a) (b) (c) (c) (d) NORTH CANTON, OH 44720 10,000. Person X Payroll Noncash contributions. (c) (d) (d) (e) (a) (b) (c) (c) (d) NORTH CANTON, OH 44702 Total contributions Person X (a) Name, address, and ZIP + 4 Total contributions Person X (b) Name, address, and ZIP + 4 Total contributions Person X (c) (c) (c) (d) (d) (a) Name, address, and ZIP + 4 Total contributions Person X (a) Name, address, and ZIP + 4 Total contributions (d) (b) <td></td> <td></td> <td></td> <td>noncash contributions.)</td>				noncash contributions.)
1234 E BROAD ST 10,000. Payroli Noncash (Complete Part II for noncash contributions.) (a) Name, address, and ZIP + 4 Total contributions Type of contributions.) 117 THE DEUBLE FOUNDATION \$ 10,000. Person X 5757 MAYFAIR RD \$ 10,000. Person X NORTH CANTON, OH 44720 (c) (c) (c) No Name, address, and ZIP + 4 Total contributions Person X (a) Name, address, and ZIP + 4 Total contributions Person Payroli Noncash (Complete Part II for noncesh contributions.) (a) Name, address, and ZIP + 4 Total contributions Person X 118 THE HOOVER FOUNDATION \$ 168,000. Person X 400 MARKET AVE N STE 210 \$ 168,000. Contributions.) (a) Name, address, and ZIP + 4 Total contributions Person X 119 THE HUNTINGTON NATIONAL BANK \$ 168,000. Person X Person X 220 MARKET AVE S \$ 45,000. Contributions.) Contributions.) (a) Name, address, and ZIP + 4 Total contributions Contributions.) (b) Name, address,				(d) Type of contribution
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NORTH CANTON, OH 44720 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Person X 118 THE HOOVER FOUNDATION \$ 168,000. Person X 400 MARKET AVE N STE 210 \$ 168,000. Complete Part II for noncash contributions.) (a) (b) \$ 168,000. Complete Part II for noncash contributions.) (a) No. (c) (d) Type of contributions.) (a) No. (c) (d) Noncash (a) Name, address, and ZIP + 4 Total contributions Type of contributions.) (a) Name, address, and ZIP + 4 Total contributions Person X 119 THE HUNTINGTON NATIONAL BANK \$ 45,000. Person X 220 MARKET AVE S (b) (c) (c) Complete Part II for noncash contributions.) (a) Non (b) Noncash (Complete Part II for noncash contributions.) (a) Name, address, and ZIP + 4 Total contributions Type of contributions.) 120 THE JASAM FOUNDATION OF ARIZONA <td></td> <td>5757 MAYFAIR RD</td> <td>\$ 10,000.</td> <td>Noncash</td>		5757 MAYFAIR RD	\$ 10,000.	Noncash
No. Name, address, and ZIP + 4 Total contributions Type of contribution 118 THE HOOVER FOUNDATION 400 MARKET AVE N STE 210 \$		NORTH CANTON, OH 44720		
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400 MARKET AVE N STE 210 \$ 168,000. Noncash CANTON, OH 44702 (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions (d) 119 THE HUNTINGTON NATIONAL BANK (c) (d) Ype of contributions 220 MARKET AVE S (c) (c) Person X 220 MARKET AVE S (c) (c) (c) Payroll Noncash (c) (c) (c) (c) (a) (b) (c) (c) Payroll Noncash (c) (c) (c) (d) Noncash (c) (c) (d) (c) Noncash (c) (c) (d) (d) Noncash (c) (c) (d) (d) Noncash (c) (c) (d) Type of contributions.) 120 THE JASAM FOUNDATION OF ARIZONA \$ 18,000. Person X 120 S HOUGHTON RD. SUITE 138-302 \$ 18,000. (c) Complete Part II for	118	THE HOOVER FOUNDATION		
(a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contributions 119 THE HUNTINGTON NATIONAL BANK Person X 220 MARKET AVE S 45,000. Person X CANTON, OH 44702 (b) (c) (d) Noncash (a) (b) (c) (d) (c) Payroll No. Name, address, and ZIP + 4 (c) (d) (c) (d) (a) (b) (c) (d) (c) (d) No. Name, address, and ZIP + 4 Total contributions (d) Type of contributions.) 120 THE JASAM FOUNDATION OF ARIZONA (c) (d) Type of contributions 120 THE JASAM FOUNDATION OF ARIZONA (c) 18,000. Person X 120 S HOUGHTON RD. SUITE 138-302 18,000. (complete Part II for (complete Part II for		400 MARKET AVE N STE 210	\$168,000.	Noncash
No. Name, address, and ZIP + 4 Total contributions Type of contributions 119 THE HUNTINGTON NATIONAL BANK \$ 45,000. Person X 220 MARKET AVE S \$ 45,000. Payroll Noncash (Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Person X 120 THE JASAM FOUNDATION OF ARIZONA \$ 18,000. Person X 120 THE JASAM FOUNDATION OF ARIZONA \$ 18,000. Complete Part II for Payroll Noncash		<u>CANTON, OH 44702</u>		
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220 MARKET AVE S \$ 45,000. Noncash CANTON, OH 44702 (b) (c) (d) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Person 120 THE JASAM FOUNDATION OF ARIZONA \$ 18,000. Person X 120 S HOUGHTON RD. SUITE 138-302 \$ 18,000. Complete Part II for	119	THE HUNTINGTON NATIONAL BANK		
CANTON, OH 44702 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Person 120 THE JASAM FOUNDATION OF ARIZONA \$18,000. Person X 120 S HOUGHTON RD. SUITE 138-302 \$18,000. Noncash Complete Part II for		220 MARKET AVE S	\$45,000.	Noncash
No. Name, address, and ZIP + 4 Total contributions Type of contribution 120 THE JASAM FOUNDATION OF ARIZONA Person X 120 S HOUGHTON RD. SUITE 138-302 \$18,000. Person X (Complete Part II for Noncash If the second s		<u>CANTON, OH 44702</u>		
120 S HOUGHTON RD. SUITE 138-302 \$ 18,000. Complete Part II for			(c) Total contributions	(d) Type of contribution
120 S HOUGHTON RD. SUITE 138-302 \$	120	THE JASAM FOUNDATION OF ARIZONA		
		120 S HOUGHTON RD. SUITE 138-302	\$18,000.	Noncash
		TUCSON, AZ 85748		

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_121	THE JIM AND VANITA OELSCHLAGER FDN 3875 EMBASSY PKWY STE 250	\$	Person X Payroll Noncash
	<u>AKRON, OH 44333</u> (b)	(c)	(d)
(a) No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
122	THE MARION G. RESCH FOUNDATION PO BOX 8651	\$ 148,308.	Person X Payroll Noncash
_	WARREN, OH 44484		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123	THE VEALE FOUNDATION 30100 CHAGRIN BLVD STE 210	\$25,000.	Person X Payroll Noncash
	PEPPER PIKE, OH 44124		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_124	THOMAS BOTZMAN 1304 S UNION AVE ALLIANCE, OH 44601	\$8,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
125	THOMAS C. FLANIGAN 12 OVERBROOK FARM RD BLOOMFIELD, CT 06002	\$31,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
126	VICTOR J. BOSCHINI		Person

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Employer identification number

34-0714687

Schedule B (Form 990) (2021)
Name of organization

Part I

UNIVERSITY OF MOUNT UNION

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Name of c	university of mount union		Employer identification number 34–0714687
Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is r	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_127	VINCENT C. OBMANN <u>1125 KINGSWAY ST</u> <u>ALLIANCE, OH 44601</u>	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_128	VIRGINIA A. RHODES 7430 MYSTIC RIDGE RD CHAGRIN FALLS, OH 44023	\$49,295.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 129 </u>	W. RICHARD MERRIMAN 3824 GLENROCK CIRCLE RALEIGH, NC 27613	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
130	WAYNE COUNTY COMMUNITY FOUNDATION 517 N MARKET ST WOOSTER, OH 44691	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	WILLIAM A. JONES <u>318 E LAKE RIM LN</u> <u>BOISE, ID 83716</u>	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
132	WILLIAM G. KROCHTA 237 TANGLEWOOD TRL WADSWORTH, OH 44281	\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2021)

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Part I

UNIVERSITY OF MOUNT UNION

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 YELLOW CREEK ANIMAL HOSPITAL, INC. Х 133 Person Payroll 799 WYE RD. \$ 10,000. Noncash (Complete Part II for AKRON, OH 44333 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 134 DANIEL R. KELLER Person Payroll 9,000. 3219 COUNTRY CLUB LN Х \$ Noncash (Complete Part II for HURON, OH 44839 noncash contributions.) (c) (a) (b) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 135 DAVID E. JONES Person Payroll 5,082. 2610 CARRINGTON ST NW \$ Х Noncash (Complete Part II for NORTH CANTON, OH 44720 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 136 EILEEN L. LAZEAR Person Payroll 4160 TRUEMAN BLVD UNIT 146 20,168. \$ х Noncash (Complete Part II for HILLIARD, OH 43026 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 137 FRED J. HAUPT Person Payroll PO BOX 36963 5,000. Х \$ Noncash (Complete Part II for CANTON, OH 44735 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 138 JAMES S. HOGG Person Payroll 16870 CHAGRIN BLVD 5,260. Х \$ Noncash (Complete Part II for SHAKER HEIGHTS, OH 44122 noncash contributions.) Schedule B (Form 990) (2021) JSA 1E1253 2.000

Employer identification number

34-0714687

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Schedule B (Form 990) (2021)

UNIVERSITY OF MOUNT UNION

Name of organization

Employer identification number 34-0714687

Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139	LEONARD G. EPP 2450 BELLEFLOWER DR ALLIANCE, OH 44601	\$26,112.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_140	RANDALL C. HUNT 960 w state st ste 240 Alliance, oh 44601	\$15,112.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_141	RON E. LENNEY 8314 GRAYSON GREEN ST NW MASSILLON, OH 44646	\$ 10,271.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_142	SCOTT R. GINDLESBERGER 5046 SHADY KNOLL AVE NW MASSILLON, OH 44646	\$14,579.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_143	THE JEAN M. DOWNARD FAMILY TRUST 6177 JAMISON PL CANFIELD, OH 44406	\$5,289	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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	(Form 990) (2021)		Page 3
Name of or	-		dentification number
	UNIVERSITY OF MOUNT UNION	•	-0714687
Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is ne	eeded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	PUBLICLY TRADED SECURITIES		
		\$10,128.	04/07/2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
22	PUBLICLY TRADED SECURITIES		
		\$16,638.	05/18/2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
83	PUBLICLY TRADED SECURITIES		
		\$19,201.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
84	PUBLICLY TRADED SECURITIES		
		\$21,631.	03/14/2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
87	PUBLICLY TRADED SECURITIES		
		\$10,000.	05/27/2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
134	PUBLICLY TRADED SECURITIES		
		\$9,000.	12/03/2021

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	ganization		lentification number
	UNIVERSITY OF MOUNT UNION		-0714687
rt II	Noncash Property (see instructions). Use duplicate copies of	of Part II if additional space is ne	eded.
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
135	PUBLICLY TRADED SECURITIES	_	
		\$\$,082.	02/28/2022
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	PUBLICLY TRADED SECURITIES	_	
136		-	
		\$20,168.	04/27/2022
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	PUBLICLY TRADED SECURITIES		
137			
		\$ 5,000.	12/15/2021
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
138	PUBLICLY TRADED SECURITIES	—	
		\$5,260.	07/06/2021
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
120	PUBLICLY TRADED SECURITIES	_	
139_		—	
		\$ <u></u> \$ <u></u> 26,112.	09/07/2021
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
140	PUBLICLY TRADED SECURITIES	_	
140		_	
		\$15,112.	06/07/2022

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	UNIVERSITY OF MOUNT UNION	34-	0714687
art II	Noncash Property (see instructions). Use duplicate copies of	Part II if additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
141	PUBLICLY TRADED SECURITIES	_	
		\$10,271	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
140	PUBLICLY TRADED SECURITIES	-	
142		\$14,579.	10/11/2021
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
143	PUBLICLY TRADED SECURITIES		
		\$5,289	09/27/2021
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		\$	

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Schedule B	(Form 990) (2021)			Page 4
Name of or				Employer identification number
Dort III	UNIVERSITY OF MOUNT U		vizationa daga	34-0714687
Part III	Exclusively religious, charitable, etc., (10) that total more than \$1,000 for the the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if addition	the year from any one ons completing Part III, e e year. (Enter this inform	contributor. Contributor	Complete columns (a) through (e) and of <i>exclusively</i> religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of and ZIP + 4	-	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of and ZIP + 4		hip of transferor to transferee
(2) No				
(a) No. from Part I	(b) Purpose of gift	(c) Use of git	ft	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of	-	ship of transferor to transferee
				-
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held
		(e) Transfer of	-	
	Transferee's name, address, a	IND ZIP + 4	Relations	hip of transferor to transferee
JSA				Schedule B (Form 990) (2021)

SCHEE	DULE D
(Form	990)

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.

20 2 Open to Public

OMB No. 1545-0047

Dep	artment of the Treasury		Attach to Form 990.				Open to Put	blic
Inter	rnal Revenue Service	► Go to www.irs.gov	/Form990 for instructions and	the latest inform			Inspection	
Nam	e of the organization				Emplo	oyer identificat	tion number	
UN	IVERSITY OF MC					34-07146	587	
Pa	art I Organiza	tions Maintaining Donor Adv	ised Funds or Other Sim	nilar Funds or	Αςςοι	unts.		
	Complete	e if the organization answered	"Yes" on Form 990, Part	t IV, line 6.				
			(a) Donor advised f	unds	(b) Funds and	other accounts	
1	Total number at e	nd of year						
2	Aggregate value o	of contributions to (during year)						
3	Aggregate value o	of grants from (during year)						
4	Aggregate value a	at end of year						
5	Did the organizat	ion inform all donors and donor	advisors in writing that the	ne assets held	in done	or advised		
	funds are the orga	anization's property, subject to the	e organization's exclusive le	gal control?			Yes	No
6	Did the organizati	ion inform all grantees, donors, a	and donor advisors in writir	ng that grant fu	unds ca	n be used		
	only for charitable	e purposes and not for the bene	fit of the donor or donor a	dvisor, or for a	iny othe	r purpose		
	conferring imperm	nissible private benefit?		<u></u>	<u></u>	<u></u>	Yes	No
Pa		tion Easements.						
		e if the organization answered						
1		servation easements held by the				Ť		
		n of land for public use (for example	, recreation or education)				portant land area	а
		of natural habitat		Preservation	of a cei	rtified histor	ric structure	
		n of open space						
2		through 2d if the organization he	eld a qualified conservation	i contribution in	the for			
		last day of the tax year.				Held at the	End of the Tax Y	ear
a		onservation easements			2a			
b		tricted by conservation easements			2b			
c		rvation easements on a certified		. ,	2c			
d		rvation easements included in (c						
•		isted in the National Register			2d			
3		rvation easements modified, tra	nsierred, released, extingu	ished, or term	inated i	by the orga	anization during	, the
4	tax year ►	where property subject to conse	nuction accoment is leasted	•				
4 5		ation have a written policy reg			ion ha	ndling of		
5	-	forcement of the conservation ea				-	Yes	No
6		hours devoted to monitoring, insp						
v		hours devoted to monitoring, insp	county, narioning of violations	, and emotering	CONSCIV	ation casem	ents during the	ycai
7	Amount of expens	ses incurred in monitoring, inspec	ting handling of violations a	and enforcing c	onserva	tion easem	ents during the	vear
•	► s			and enterening e	0		enne diannig nite	<i>J</i> ea.
8	Does each conser	vation easement reported on line 2	2(d) above satisfy the requir	ements of secti	on 170(h)(4)(B)(i)		
-)(4)(B)(ii)?					Yes	No
9		ibe how the organization reports						
		d include, if applicable, the text of			•			
	organization's acc	counting for conservation easeme	nts.					
Pa		tions Maintaining Collections			r Simil	ar Assets.		
	Complete	e if the organization answered	"Yes" on Form 990, Part	t IV, line 8.				
1a	of art, historical	n elected, as permitted under FA treasures, or other similar asse	ts held for public exhibition	on, education,	or rese	earch in fu	alance sheet w rtherance of p	orks ublic
h	-	Part XIII the text of the footnote					nco shoot worl	/o ^*
b	art, historical treat provide the follow	n elected, as permitted under Fa sures, or other similar assets he ring amounts relating to these iter	ld for public exhibition, ed ms:	ucation, or res	earch ir	n furtherand		
		ded on Form 990, Part VIII, line 1						
		ed in Form 990, Part X						
2	-	n received or held works of a			assets	for financia	I gain, provide	the
		s required to be reported under F				⊾ .		
a h		on Form 990, Part VIII, line 1.				►\$. ► ¢		

Schedule D (Form 990) 2021

Sche		VERSITY OF MOU					Page 2
Ра	rt III Organizations Maintain	ng Collections of	Art, Historical Tre	easures, or Oth	er Similar Assets	(continued)	
3	Using the organization's acquisition collection items (check all that app		other records, chec	k any of the fol	lowing that make s	ignificant use	of its
а	Public exhibition		d Loan	or exchange pro	gram		
b	Scholarly research		e 🗌 Other				
С	Preservation for future gene	rations					
4	Provide a description of the organ XIII.	nization's collections	and explain how	they further the	organization's exen	npt purpose ir	n Part
5	During the year, did the organization	on solicit or receive o	Ionations of art, hist	orical treasures,	or other similar		
	assets to be sold to raise funds rath	ner than to be mainta	ained as part of the	organization's co	llection?	Yes	No
Pa	rt IV Escrow and Custodial A Complete if the organiza 990, Part X, line 21.		es" on Form 990, I	Part IV, line 9, c	r reported an amo	ount on Form	
1a	Is the organization an agent, trus	tee, custodian or o	ther intermediary f	or contributions	or other assets no	t	
	included on Form 990, Part X?						X No
b	If "Yes," explain the arrangement i	n Part XIII and comp	plete the following ta	ble:			
			-		Amou	Int	
с	Beginning balance			1c			
d	Additions during the year						
е	Distributions during the year						
f	Ending balance						
2a	Did the organization include an am				ial account liability?	Yes	X No
b	If "Yes," explain the arrangement i	n Part XIII. Check h	ere if the explanation	n has been provid	ed on Part XIII		
Pa	rt V Endowment Funds. Complete if the organiza	ation answered "Ye	es" on Form 990, I	Part IV, line 10.			
		(a) Current year	(b) Prior year	(c) Two years bac	k (d) Three years bac	k (e) Four year	s back
1.5	Beginning of year balance	166,774,878.	134,369,202.	139,563,218.	135,892,939.	132,759,	704.
1a b	Contributions	2,648,303.	1,365,843.	3,055,456.	3,815,003.		
	Net investment earnings, gains,						
С	and losses	-19,667,415.	36,734,196.	803,237.	5,730,276.	7,616,	427.
Ь	Grants or scholarships	2,650,961.	2,440,237.	2,407,834.	2,284,864.	2,250,	
	Other expenditures for facilities						
е		3,449,039.	3,254,126.	6,644,875.	3,590,136.	3,649,	159.
4	and programs			-,,	-,		
f	Administrative expenses	143,655,766.	166,774,878.	134,369,202.	139,563,218.	135,892,	939
g	End of year balance					100,002,	
2 a	Provide the estimated percentage Board designated or quasi-endown			, column (a)) neid	85.		
b	Permanent endowment > 43.0	000 %	_				
с	Term endowment ► 56.0000	%					
	The percentages on lines 2a, 2b, a	and 2c should equal '	100%.				
3a	Are there endowment funds not in	the possession of th	ne organization that	are held and ad	ministered for the		
	organization by:		-			Yes	No
	(i) Unrelated organizations					3a(i)	Х
	(ii) Related organizations					3a(ii)	Х
b	If "Yes" on line 3a(ii), are the relate					. 3b	
4	Describe in Part XIII the intended	-	-			<u> </u>	
Ра	rt VI Land, Buildings, and Equ Complete if the organiz	upment.			a. See Form 990,	Part X, line 1	0.
	Description of property	(a) Cost or			Accumulated	(d) Book value	
10	Land	(inves	, , ,	,	lepreciation	25 770 /	575
1a ⊾				778,626.	027 625	25,778,6	
b	Buildings		201,6	559,743.90	<u>,937,635.</u>	110,722,2	LUØ.
C	Leasehold improvements			44 000 10		0.004	
d	Equipment		22,2		,259,267.	2,984,9	
e				62,699.			699.
Iota	I. Add lines 1a through 1e. (Column	i (a) must equal Forr	n 990, Part X, colum	n (B), line 10c.)		139,548,3	

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.

Complete if the organization answer	ed "Yes" on Form 990), Part IV, line 11b. See Form 990,	Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year marke	
(1) Financial derivatives			
(2) Closely held equity interests	•		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. Complete if the organization answer	ed "Yes" on Form 990), Part IV, line 11c. See Form 990,	Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
	ed "Yes" on Form 990 Description), Part IV, line 11d. See Form 990,	Part X, line 15. (b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)	Ψ		
(8) (9)			
Total. (Column (b) must equal Form 990, Part X, col. (E	3) line 15)	•	
Part X Other Liabilities.			
Complete if the organization answer line 25.	ed "Yes" on Form 990), Part IV, line 11e or 11f. See Form	n 990, Part X,
1. (a) Desc	cription of liability		(b) Book value
(1) Federal income taxes			.,
(2)DEPOSIT AND OTHER			2,630,636.
(3)ANNUITY OBLIGATIONS			1,295,746.
(4)			•
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 2	5.)		3,926,382.
2. Liability for uncertain tax positions. In Part XIII, provide t		· · · · · · · · · · · · · · · · · · ·	
organization's liability for uncertain tax positions under FAS			

Schedu	IN IVERSITY OF MOUNT UNION	34	-0714687	Page 4
Part		n.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements	1	48,191,0	72.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	_		
е	Add lines 2a through 2d	2e	-25,956,1	.08.
3	Subtract line 2e from line 1	3	74,147,1	.80.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b	4c	34,895,4	45.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	109,042,6	25.
			, , ,	
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	irn.		
Part		irn.		
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	urn.	61,900,7	/01.
	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		61,900,7	01.
1	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements		61,900,7	/01.
1 2	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:		61,900,7	/01.
1 2 a	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses		61,900,7	/01.
1 2 a b	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments		61,900,7	/01.
1 2 a b c	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses		28,8	345.
1 2 b c d	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	1		345.
1 2 b c d e	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	1 2e	28,8	345.
1 2 b c d e 3	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses. Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	1 2e	28,8	345.
1 2 b c d e 3 4	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses. Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	1 2e	28,8	345.
1 2 b c d e 3 4 a	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Add lines 4a and 4b	1 2e 3	28,8	<u>345.</u> 356.
1 2 b c d e 3 4 a b c 5	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	1 2e 3	28,8 61,871,8	9 <u>45.</u> 956.

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

	CTIDDI EMENTAT	DACE
SEE	SUPPLEMENTAL	PAGE

SCHEDULE D, PART V, LINE 4

ENDOWMENT FUNDS ARE HELD IN PERPETUITY FOR THE PURPOSES OF ANNUALLY PROVIDING A PERCENTAGE OF THEIR VALUE AS SCHOLARSHIPS, PROFESSORSHIPS, FACILITIES, PRIZES AND ACADEMIC PROGRAMS.

ASC 740

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

SCHEDULE D, PART XI & XII, LINE 2D

SPECIAL EVENT EXPENSE

28,845

SCHEDULE D, PART XI, LINE 4B

FINANCIAL AID	\$ 32,882,092
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	\$ 2,013,353
TOTAL	\$ 34,895,445

SCHEDULE D, PART XII, LINE 4B

FINANCIAL AID:

\$32,882,092

Copies of all catalogues, brochures, anouncements, and other writh activations to the public dealing with student definitions to the public dealing with student admissions, programs, and scholarships? Copies of all catalogues, brochures, announcements, and other writhe communications to the public dealing with student admissions, programs, and scholarships? Copies of all catalogues, brochures, announcements, and other writher communications to the public dealing with student admissions, programs, and scholarships? Copies of all catalogues, brochures, announcements, and other writh capabilities and scholarships? Copies of all catalogues, brochures, announcements, and other writh capabilities and scholarships? Copies of all catalogues, brochures, announcements, and other writher capabilities and scholarships? Copies of all catalogues, brochures, announcements, and other writher catalogues, and scholarships? Copies of all catalogues, brochures, announcements, and other writher catalogues, and scholarships? Copies of all catalogues, brochures, announcements, and other writher catalogues, brochures, announcements, and other space, use Part II. Sudents' rights or privileges? Copies of all catalogues, brochures, announcements, and other wriths communications to the public dealing with student damissions, programs, and scholarships? Copies of all catalogues, brochures, announcements, and other wriths communications to the public dealing with student damissions, programs, and scholarships? Copies of all catalogues, brochures, announcements, and other writes communications to the public dealing with student damissions, programs, and scholarships? Copies of all material used by the organization or his behall to solicit contributions? Sudents' rights or privileges? Copies of all catalogues, brochures, announcements, and other writes communications to the public dealing with student damissions, programs, and scholarships? Copies of all material usets state	SCHEDULE E (Form 990)	Schools ► 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.		20 21 en to Public			
Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Copies of all catalogues, brochures, announcements, and other written communications of the provide of the catalogues, and scholarships? Copies of all catalogues, brochures, announcements, and other written communications of the catalogues, brochures, announcements, and other written communications of the catalogues, brochures, announcements, and other written communications of the catalogues, brochures, announcements, and other written communications of the catalogues, brochures, announcements, and other written communications of the catalogues, brochures, announcements, and other written communications of the catalogues, brochures, announcements, and other written communications of the catalogues, brochures, announcements, and other written communications of the catalogues, brochures, announcements, and other written communications of the catalogues, brochures, announcements, and other written communications of the catalogues, brochures, announcements, and other written communications of the catalogues, brochures, announcements, and other written communications of the catalogues, brochures, announcements, and other written communications of the catalogues, brochures, announcements, and other written communications of the catalogues, brochures, announcements, and other written communications of the catalogues, brochures, announcements, and other written communications of the catalogues, brochures, announcements, and other written communications of the catalogues, brochures, announcements, and other written communicatio	Internal Revenue Service	► Go to www.irs.gov/Form990 for the latest information.	Inspecti	on			
Part I YES N 1 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 x 2 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. 2 x 3 Has the organization include a statement of its racially nondiscriminatory policy on its primarily publicly accessable Internet homepage at all times during its taxable year in a manner reasonably avpacted to be noticed by visitors to the homepage at all times during its taxable varie in a manner reasonably avpacied to be noticed by visitors to the homepage at all times during its taxable describe. If No. 'please explain. If you need more space, use Part II 3 X SEE STIPPLEMENTAL PAGE 4 X 4 X 0 Does the organization maintain the following? 4a X 1 Associal composition of the student body, faculty, and administrative staff? 4a X 0 Records indicating the racial composition of on its befail to solici contributions? 4d X 2 Copies of all naterial used by the organization or on its befail to solici contributions? 4d X 4 Copies of all material used by the	Name of the organization			nber			
1 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/		JUNI UNION 34-0/14	108/				
b a x x x	 bylaws, other gove Does the organized brochures, catalog programs, and sch 	erning instrument, or in a resolution of its governing body?	1 its ons, 2	X			
4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff?	homepage at all ti homepage, or thro registration period	mes during its taxable year in a manner reasonably expected to be noticed by visitors to bugh newspaper or broadcast media during the period of solicitation for students, or during d if it has no solicitation program, in a way that makes the policy known to all parts of	the the the	X			
a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a x b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b x c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4d x d Copies of all material used by the organization or on its behalf to solicit contributions? 4d x d Copies of all material used by the organization or on its behalf to solicit contributions? 4d x d Copies of all material used by the organization or on its behalf to solicit contributions? 4d x d Copies of all catalogues, brochures, announcements, and other written communications? 4d x d Copies of all material used by the organization or on its behalf to solicit contributions? 4d x d Does the organization discriminate by race in any way with respect to: 5a x d Admissions policies? 5a x d Scholarships or other financial assistance? 5d x f Use of facilities? 5g x	SEE SUPPLEME	ENTAL PAGE					
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b x c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c x d Copies of all material used by the organization or on its behalf to solicit contributions? 4d x f you answered "No" to any of the above, please explain. If you need more space, use Part II. 5a x b Admissions policies? 5a x c Employment of faculty or administrative staff? 5c x d Scholarships or other financial assistance? 5d x f Use of facilities? 5f x f Use of facilities? 5f x f Use of facilities? 5f x f Use of facilities? 5h x f Use of facilities? 5h x f Use of facilities? 5f x f Use of facilities? 5h x f Use of facilities? 5h x <t< td=""><td>•</td><td></td><td>42</td><td>v</td><td></td></t<>	•		42	v			
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c x d Copies of all material used by the organization or on its behalf to solicit contributions? 4d x f you answered "No" to any of the above, please explain. If you need more space, use Part II. 5a x d Copies of all catalogues, brochures, announcements, and other written communications? 5a x d Copies of all material used by the organization or on its behalf to solicit contributions? 5a x d Copies of all material used by the organization or on its behalf to solicit contributions? 5a x d Does the organization discriminate by race in any way with respect to: 5a x s Students' rights or privileges? 5a x c Employment of faculty or administrative staff? 5c x d Scholarships or other financial assistance? 5d x f Use of facilities? 5f x f Use of facilities? 5f x f Use of facilities? 5h x f Use of facilities?	-				+		
with student admissions, programs, and scholarships? 4c X d Copies of all material used by the organization or on its behalf to solicit contributions? 4d X If you answered "No" to any of the above, please explain. If you need more space, use Part II. 4d X 5 Does the organization discriminate by race in any way with respect to: 5a X a Students' rights or privileges? 5a X c Employment of faculty or administrative staff? 5c X d Scholarships or other financial assistance? 5d X g Athletic programs? 5f X g Athletic programs? 5g X f Use of facilities? 5g X f Use of racilities? 5f X g Athletic programs? 5g X h Other extracurricular activities? fl you answered "Yes" to any of the above, please explain. If you need more space, use Part II. 5h X g Athletic programs? 5h X X f Use of facilities? 5h X g Athletic programs?				X	-		
d Copies of all material used by the organization or on its behalf to solicit contributions?			-	x			
5 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? if you answered "Yes" to any of the above, please explain. If you need more space, use Part II.				-	-		
a Students' rights or privileges? 5a x b Admissions policies? 5b x c Employment of faculty or administrative staff? 5c x d Scholarships or other financial assistance? 5d x e Educational policies? 5e x f Use of facilities? 5f x g Athletic programs? 5g x h Other extracurricular activities? 5h x if you answered "Yes" to any of the above, please explain. If you need more space, use Part II. 5h x 6a X 6a X	If you answered "N	No" to any of the above, please explain. If you need more space, use Part II.	_				
a Students' rights or privileges? 5a x b Admissions policies? 5b x c Employment of faculty or administrative staff? 5c x d Scholarships or other financial assistance? 5d x e Educational policies? 5e x f Use of facilities? 5f x g Athletic programs? 5g x h Other extracurricular activities? 5h x if you answered "Yes" to any of the above, please explain. If you need more space, use Part II. 5h x 6a X 6a X	5 Doos the organiza	tion discriminate by race in any way with respect to:	—				
c Employment of faculty or administrative staff? 5c x d Scholarships or other financial assistance? 5d x e Educational policies? 5e x f Use of facilities? 5f x g Athletic programs? 5g x h Other extracurricular activities? 5h x if you answered "Yes" to any of the above, please explain. If you need more space, use Part II. 5h x 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a x	•		5a		x		
c Employment of faculty or administrative staff? 5c x d Scholarships or other financial assistance? 5d x e Educational policies? 5e x f Use of facilities? 5f x g Athletic programs? 5g x h Other extracurricular activities? 5h x if you answered "Yes" to any of the above, please explain. If you need more space, use Part II. 5h x 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a x	b Admissions policie	\$?			x		
d Scholarships or other financial assistance? 5d x e Educational policies? 5e x f Use of facilities? 5f x g Athletic programs? 5g x h Other extracurricular activities? 5h x if you answered "Yes" to any of the above, please explain. If you need more space, use Part II. 5h x 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a x					<u> </u>		
e Educational policies? 5e x f Use of facilities? 5f x g Athletic programs? 5g x h Other extracurricular activities? 5h x If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. 5h x 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a x	c Employment of fac	culty or administrative staff?	<u>5</u> c		X		
f Use of facilities? 5f x g Athletic programs? 5g x h Other extracurricular activities? 5h x lf you answered "Yes" to any of the above, please explain. If you need more space, use Part II. 5h x 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a x	d Scholarships or ot	her financial assistance?	<u>5</u> d		x		
g Athletic programs? 5g h Other extracurricular activities? 5h If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. 5h 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a	e Educational policie	s?	<u>5</u> e		x		
h Other extracurricular activities?	f Use of facilities?.		5f		x		
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Image: Comparison of the above o	g Athletic programs?	,	5g		x		
			<u>5h</u>		x		
b Has the organization's right to such aid ever been revoked or suspended?				X	X		

If you answered "Yes" on either line 6a or line 6b, explain on Part II.
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

 7
 X

 Schedule E (Form 990) 2021

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

 JSA

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Schedule E (Form 990 or 990-EZ) (2021)

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).

SCHEDULE E, PART I, LINE 3

THE POLICY REQUIREMENT IS MET BY INCLUDING A STATEMENT ON ALL PUBLICATIONS AND ADVERTISING. A NONDISCRIMINATORY STATEMENT IS ALSO AVAILABLE ON THE WEBSITE.

SCHEDULE E, PART I, LINE 6A

THE UNIVERSITY OF MOUNT UNION RECEIVES FEDERAL PELL GRANTS, TEACH GRANTS, SEOG, CWSP, AND FEDERAL PERKINS LOANS FROM THE DEPARTMENT OF EDUCATION.

	HEDULE F	Stater	nent of A	ctivities	Outside the Uni	ted States	OMB No. 1545-0047
(Fo	rm 990)	► Complete	e if the organiza		"Yes" on Form 990, Part IV,	line 14b, 15, or 16.	2021
	rtment of the Treasury	► G	o to www.irs.go		to Form 990. nstructions and the latest in	formation.	Open to Public Inspection
	al Revenue Service of the organization					Employer iden	tification number
	VERSITY OF MC					34-071	
Pai		formation o Part IV, line 14		Outside the	United States. Compl	lete if the organizatio	on answered "Yes" or
1	other assistance,	the grantees'	eligibility for t	he grants or	to substantiate the amou assistance, and the selec	ction criteria used to	Yes No
2	For grantmakers. outside the United		Part V the org	anization's pro	ocedures for monitoring	the use of its grants	and other assistance
3	Activities per Regi	on. (The follov	ving Part I, line	3 table can be	e duplicated if additional sp	pace is needed.)	
	(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) a program service, describe specific type of service(s) in the region	of expenditures for and investments
(1)	MIDDLE EAST AND NO	RTH AFRICA	NONE	NONE	PROGRAM SERVICES	EDUCATIONAL ACTIVI	TIES 31,214.
		-					
(2)	SOUTH ASIA		NONE	NONE	PROGRAM SERVICES	EDUCATIONAL ACTIVIT	TIES 1,750.
(3)	CENTRAL AMERICA/CA	RIBBEAN	NONE	NONE	PROGRAM SERVICES	EDUCATIONAL ACTIVI	TIES 35.
_(4)	EUROPE		NONE	NONE	PROGRAM SERVICES	EDUCATIONAL ACTIVI	TIES 20,300.
(5)	SOUTH AMERICA		NONE	NONE	PROGRAM SERVICES	EDUCATIONAL ACTIVIT	TIES 939.
(6)							
(7)	1						
(8)							
(9)							
<u>(10)</u>							
<u>(</u> 11)							
<u>(12)</u>							
(13)							
(14)							
(15)							
<u>(</u> 16)							
<u>(17)</u>			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
3a b			NONE	NONE			54,238.

 c
 Totals (add lines 3a and 3b)
 NONE
 NONE

 For Paperwork Reduction Act Notice, see the Instructions for Form 990.
 JSA 1E1274 1.000 31619H D320 02/27/2023 17:44:48 V21-7.8F 63126 TX1000

sheets to Part I

Schedule F (Form 990) 2021

54,238.

1

(1)

(2)

(3)

(4)

(5)

(7)

(9)

(10)

(11)

(12)

(13)

(14)

(15)

(16)

(a) Name of

organization

<u>...</u>...►

63

(.)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
10)							
11)							
12)							
13)							
14)							
15)							
16)							
2 Enter	total number of recipient or pt 501(c)(3) organization by th						
exem	ipi 50 ((0)(5) 0(ganization by tr	IE ING. UI IUI WINCI L	he granitee of counsel has	provided a sec			

(d) Purpose of

grant

(c) Region

(b) IRS code

section and EIN (if applicable)

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2021

(i) Method of

valuation (book, FMV,

appraisal, other)

(e) Amount of

cash grant

(f) Manner of

cash disbursement

(g) Amount of

noncash

assistance

(h) Description

of noncash

assistance

34-0714687

Page 3

Part III Grants and Other Assistant Part III can be duplicated if	additional space is needed.	the United S	States. Complete	if the organiz	ation answered "Ye	s" on Form 990), Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
<u>(10)</u>							
<u>(11)</u>							
<u>(12)</u>							
<u>(13)</u>							
(14)							
(15)							
(16)							
<u>(17)</u>							
(18)							

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021

Foreign Forms

Part IV

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	s 🗌 No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	s X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	s X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	s X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	s X No

Schedule F (Form 990) 2021

SCHEDULE G (Form 990)	Complete if the	Demental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.									
Department of the Treasury	► G		to Form 990		0-EZ. the latest information.		Open to Public				
Internal Revenue Service Name of the organization	► G		990 101 IIIsu	uctions and	the latest mormation.	Employer identification	Inspection				
UNIVERSITY OF M						34-071468					
	g Activities. Comp	lete if the organi	ization ar	swered '	'Yes" on Form 99						
	EZ filers are not re										
1 Indicate whether	the organization rais	sed funds through	any of the	following	activities. Check a	all that apply.					
a X Mail solicita	tions	е			non-government g						
	email solicitations	f			government grants	6					
c X Phone solic		g	X Spe	cial fundra	aising events						
d X In-person so											
2a Did the organiza	tion have a written of es listed in Form 990,						X Yes No				
b If "Yes," list the	10 highest paid individual least \$5,000 by the o	viduals or entities									
							1				
(i) Name and addr or entity (fu		(ii) Activity	custody o	draiser have or control 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				
SEE SUPPLEMENT 1	INFORMATION		Yes	No							
2											
3											
4											
5											
6											
7											
8											
9											
10											
Tatal					202.220	15 850					
	which the organizat				383,332. t contributions or						
AL, AK, CA, CO, CT,	-										
KS, KY, LA, ME, MD,		•	NM.NY.I	NC.ND.C	он <i>.</i>						
OK, OR, PA, RI, SC,					/						

UNIVERSITY OF MOUNT UNION

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		gross receipts greater than \$5,00	0.									
				(a) Event #1	(b) Event #2		(c) Other events	(d) Total events				
			DA	Y OF GIVING	VIRTUAL STADI	UM	1	(aḋd col. (a) through				
				(event type)	(event type)	- -	(total number)	col. (c))				
Revenue												
/eU	1	Gross receipts		333,596.	43,62	1.	6,115.	383,332.				
è.												
	2	Less: Contributions		333,596.	43,62	1.	6,115.	383,332.				
	3	Gross income (line 1 minus										
		line 2)										
	4	Cash prizes										
	5	Noncash prizes		2,020.				2,020.				
ŝ												
nse	6	Rent/facility costs										
pe												
Щ	7	Food and beverages				_						
Direct Expenses	_						•					
Dir	8	Entertainment										
	~											
	9	Other direct expenses		25,458.	1,22	9.	138.	26,825.				
	10	10 Direct expense summary. Add lines 4 through 9 in column (d)										
	10	Net income summary. Subtract li	654 no 1	0 from line 2 colu	umn (d)	• • •		28,845.				
Ра												
Га	r L I	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	aniz e 6a	ation answered	res on Form 990	J, Pa	rt IV, line 19, or	reported more than				
		\$13,000 011 0111 350 EZ, 111										
Revenue				(a) Bingo	(b) Pull tabs/instan bingo/progressive bir		(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)				
ver			-			-3-						
Re	1	Gross revenue										
ŝ	2	Cash prizes										
JSE	-											
per	3	Noncash prizes										
Щ												
Direct Expenses	4	Rent/facility costs										
Ŭ.												
_	5	Other direct expenses										
				Yes %	6Yes	%	Yes%					
	6	Volunteer labor		No /		- ``	No					

			INO		
7 Direct expense summary. Add lir	ies 2 through 5 in colu	mn	(d)	 ►	
8 Net gaming income summary. Se					

- 9 Enter the state(s) in which the organization conducts gaming activities:
- a Is the organization licensed to conduct gaming activities in each of these states?
 b If "No," explain:
- 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
 Yes No
 b If "Yes," explain:

Schedule G (Form 990) 2021

Sched	lule G (Form 990 or 990-EZ) 2021 UNIVERSITY OF MOUNT UNION	34-07	714687	Page 3
11	Does the organization conduct gaming activities with nonmembers?	[Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity			
	formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	3a		%
b		3b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books records:	and		
	Name			
	Address ►			
15 a	Does the organization have a contract with a third party from whom the organization receives ga		r	
	revenue?	l	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ ar	nd the		
	amount of gaming revenue retained by the third party ► \$			
С	If "Yes," enter name and address of the third party:			
	Nama N			
	Name			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ► \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
''a	Is the organization required under state law to make charitable distributions from the gaming proc	eeds to		
u	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organ	izations		
-	or spent in the organization's own exempt activities during the tax year > \$	20110110		
Par				

Schedule G (Form 990 or 990-EZ) 2021

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

NAME: GRADUWAY

ACTIVITY : CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION? NO GROSS RECEIPTS FROM ACTIVITY : 383,332. AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 15,750. AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : 367,582.

STATEMENT 1

SCHEDULE I								OMB No. 1545-0047		
(Form 990)										
	Comp	lete if the or	-	wered "Yes" on F		, line 21 or 22.		20 21 Open to Public		
	Department of the Treasury Attach to Form 990. Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.									
Internal Revenue Service Name of the organization	Employer identificati	Inspection								
UNIVERSITY OF 1							34-0714687			
	Information on Grants and	Assistance	9				34-0714087			
	zation maintain records to su			e grants or assista	nce the grantees	' eligibility for the grant	s or assistance and			
	teria used to award the grants			•	· · · · · · · · · · · · · · · · · · ·			X Yes No		
2 Describe in Part	IV the organization's proced	ures for mon	itoring the use	of grant funds in the	e United States.					
	nd Other Assistance to Do		-					es" on Form 990,		
Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.										
	nd address of organization 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 of noncash assistance	(h) Purpose of grant or assistance		
_(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)			· ·							
(10)										
(11)										
(12)										
	per of section 501(c)(3) and goer of other organizations liste						••••••	·		
3 Enter total numb						<u> </u>	<u></u>			

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

Schedule I (Form 990) 2021

UNIVERSITY OF MOUNT UNION

34-0714687

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	1,835	32,862,385.			
	1,055	52,002,505.			
2					
3					
4					
5					
6					
-					

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

SCHEDULE I, PART I, LINE 2

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS TO U.S. AFTER A STUDENT HAS BEEN ACCEPTED TO THE UNIVERSITY OF MOUNT UNION, THEY MUST FILE A FAFSA. MOUNT UNION CONSIDERS ACADEMIC SCHOLARSHIPS, OUTSIDE SCHOLARSHIPS, FEDERAL GRANTS AND STATE ELIGIBILITY IN THAT RESPECTIVE ORDER. IF THE STUDENT NEEDS FURTHER ASSISTANCE, THE COLLEGE OFFERS FEDERAL LOANS, COLLEGE GRANTS AND EMPLOYMENT OPPORTUNITIES. FINANCIAL AID BASED ON NEED IS AWARDED ON FAFSA CALCULATIONS AND THE RESULTING FINANCIAL AID THAT IS TO BE MET. ACADEMIC SCHOLARSHIPS ARE AWARDED

Schedule I (Form 990) (2021)

UNIVERSITY OF MOUNT UNION

34-0714687

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

BASED ON HIGH SCHOOL GPA, CLASS RANK AND STANDARD TEST SCORES.

NEED-BASED GRANTS CAN BE ALLOCATED TO RETURNING STUDENTS BASED ON

PREVIOUS YEARS AS LONG AS FINANCIAL NEED IS STILL PRESENT. ACADEMIC

SCHOLARSHIPS CONTINUE BASED ON THE STUDENT'S CUMULATIVE GPA AT THE

END OF THE YEAR.

Page 2

(Form 990) For certain ► Complete if t		For certain Officers, Dire Cor ► Complete if the organizatio ►	Compensation Information Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees he organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.						
	Revenue Service of the organization	Go to www.irs.gov/Forms	90 to	or instructions and the latest information.	Employer identifica		ectio	n	
	0	MOTINE TINT ON					1		
Part		MOUNT UNION Is Regarding Compensation			34-07146	587			
Fari	Question						Yes	No	
1a	990, Part VII, First-cla Travel fo	propriate box(es) if the organization pro Section A, line 1a. Complete Part III to uss or charter travel or companions emnification and gross-up payments			these items. personal use nal residence	m			
	Discretio	onary spending account	Х	Personal services (such as maid, cha	auffeur, chef)				
b 2	or reimburse explain	boxes on line 1a are checked, did the ement or provision of all of the ex anization require substantiation prior	pens	es described above? If "No," com	plete Part III	to 1b	x		
		stees, and officers, including the CEC							
3	Indicate which organization's related organ X Comper Indepen	h, if any, of the following the organizations s CEO/Executive Director. Check all that ization to establish compensation of the instion committee indent compensation consultant 20 of other organizations	on us at ap e CE X	ed to establish the compensation of t ply. Do not check any boxes for metho	the ds used by a art III.	. 2	x		
4	During the ye	ar, did any person listed on Form 990, or a related organization:							
а	Receive a sev	verance payment or change-of-control pa	ayme	ent?		. 4a	X		
b									
С								X	
5	For persons compensation	501(c)(3), 501(c)(4), and 501(c)(29) or listed on Form 990, Part VII, Section in contingent on the revenues of:	on /	A, line 1a, did the organization pa	•				
-		ion?						X	
b	If "Yes" on lin	rganization?						X	
6	compensation	listed on Form 990, Part VII, Secti n contingent on the net earnings of:			-				
а	-	ion?						X	
b	-	rganization?	••			. 6b		X	
7		listed on Form 990, Part VII, Sectio						v	
8	Were any am to the initia	t described on lines 5 and 6? If "Yes," d ounts reported on Form 990, Part VII, I contract exception described in I	paid Regu	or accrued pursuant to a contract tha llations section 53.4958-4(a)(3)? If	at was subject "Yes," descril	be		X	
9	If "Yes" on I	line 8, did the organization also foll	ow	the rebuttable presumption proced	ure described	in		X	
For Pa		ection 53.4958-6(c)?				. 9 Nedule J (F	orm 99	0) 2021	

Schedule J (Form 990) 2021

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, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or 1	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
MELISSA GARDNER	(i)	101,580.	NONE	NONE	10,556.	44,004.	156,140.	
1 VP FOR MARKETING	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
JEFFREY BREESE	(i)	184,096.	NONE	NONE	18,610.	5,395.	208,101.	
2 PROVOST/VP FOR ACADEM	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
JOHN FRAZIER	(i)	158,990.	NONE	NONE	15,967.	17,450.	192,407.	
3 VP FOR STUDENT AFFAIR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
PATRICK HEDDLESTON	(i)	194,919.	NONE	NONE	20,615.	17,666.	233,200.	
4 VP FOR BUSINESS AFFAI	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
LINDAJEAN WESTERN	(i)	106,535.	NONE	57,812.	12,446.	5,326.	182,119.	
5 VP FOR ENROLLMENT SER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
THOMAS BOTZMAN	(i)	294,695.	75,000.	23,034.	62,333.	37,866.	492,928.	
6 PRESIDENT	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
GREGORY KING	(i)	187,615.	NONE	22,927.	20,945.	8,945.	240,432.	
7 VP, ADVANCMENT/ENROLL	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
KRISTINE STILL	(i)	139,190.	NONE	NONE	14,446.	11,056.	164,692.	
8 DEAN, APPLIED/SOCIAL	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
SANDY MADAR	(i)	133,523.	NONE	5,923.	14,145.	5,381.	158,972.	
9 DEAN, NATURAL/HEALTH	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 1A

THE PRESIDENT AND THE VP OF ADVANCEMENT HAVE COUNTRY CLUB DUES PAID BY THE UNIVERSITY FOR BUSINESS ENTERTAINMENT PURPOSES. THE DUES IN COLUMN III ARE TAXABLE FOR PERSONAL USE. USAGE IS DOCUMENTED TO DETERMINE THE PERSONAL VERSUS BUSINESS USE. THE PRESIDENT ALSO USES A HOUSEKEEPING SERVICE THAT IS INCLUDED AS A TAXABLE FRINGE BENEFIT ON HIS W-2.

HOUSING FOR THE PRESIDENT IS PROVIDED BY THE UNIVERSITY AND REQUIRED BY CONTRACT. THE RESIDENCE IS CONTIGUOUS TO THE CAMPUS, THE PRESIDENT IS REQUIRED TO LIVE THERE AND IS REQUIRED TO CONDUCT UNIVERSITY-RELATED BUSINESS THERE PER HIS CONTRACT. DUE TO CODE SECTION 117 EXCLUSION, THIS AMOUNT IS NOT INCLUDED IN TAXABLE INCOME. THE VALUE OF THIS HOUSING TOTALS \$25,000 AND IS INCLUDED IN COLUMN D ON PT. II.

SCHEDULE J, PART II

THE NONTAXABLE BENEFITS FOR JOHN FRAZIER, AND MELISSA GARDNER IN COLUMN

(D) INCLUDE TUITION ASSISTANCE IN THE AMOUNTS OF \$16,500 AND \$33,000

Schedule J (Form 990) 2021

UNIVERSITY OF MOUNT UNION

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

RESPECTIVELY.

SCHEDULE J, PART I, LINE 4A

LINDAJEAN WESTERN RECEIVED SEVERANCE PAYMENTS TOTALING \$42,750.

SCHEDULE J, PART I, LINE 4B

COLUMN C ON PT. II FOR PRESIDENT BOTZMAN INCLUDES A DEFERRED COMPENSATION

CONTRIBUTION OF \$33,333 INTO A 457(F) PLAN. IT ALSO INCLUDES A PAYMENT OF

\$29,000 INTO A 403(B) PLAN ESTABLISHED BY THE UNIVERSITY.

SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Name of the organization

UNIVERSITY OF MOUNT UNION . .

Part Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) De	efeased	(h) beha issi		(i) Poo financ	oled cing
						Yes	No	Yes	No	Yes	No
A STATE OF OHIO HIGHER EDUCATION FACILITY	34-6849674		07/15/2020	7,982,711.	REFUNDING OF 2010 BOND ISSUE		х		Х		х
B STATE OF OHIO HIGHER EDUCATION FACILITY	34-6849674	67756A2G6	02/14/2017	12,025,000.	REFUNDING OF 2006 BONDS		х		х		х
С											
D											Í

Part II	Proceeds

FIOCEEdS								
		Α		В	C	;	[)
Amount of bonds retired		462,019.	3,5	582,388.				
	7,	982,711.	12,0	25,000.				
Capitalized interest from proceeds				L60,000.				
Proceeds in refunding escrows.								
Issuance costs from proceeds		158,441.						
Credit enhancement from proceeds	P							
Working capital expenditures from proceeds								
Capital expenditures from proceeds								
Other spent proceeds.		824,270.	11,8	865,000.				
Other unspent proceeds								
Year of substantial completion		2011		2008				
	Yes	No	Yes	No	Yes	No	Yes	No
Were the bonds issued as part of a refunding issue of tax-exempt bonds (or,								
if issued prior to 2018, a current refunding issue)?	Х		Х					
Were the bonds issued as part of a refunding issue of taxable bonds (or, if								
issued prior to 2018, an advance refunding issue)?		x		Х				
	Х		Х					
Does the organization maintain adequate books and records to support the								
	x		Х					l
	Amount of bonds retired . Amount of bonds legally defeased . Total proceeds of issue . Gross proceeds in reserve funds . Capitalized interest from proceeds . Proceeds in refunding escrows. Issuance costs from proceeds . Credit enhancement from proceeds . Working capital expenditures from proceeds . Other spent proceeds . Other unspent proceeds . Other unspent proceeds . Year of substantial completion . Year of substantial completion . Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? Has the final allocation of proceeds been made?	Amount of bonds retired	A Amount of bonds retired	AIAmount of bonds retired462,019.3,5Amount of bonds legally defeased7,982,711.12,0Total proceeds of issue7,982,711.12,0Gross proceeds in reserve funds7,982,711.12,0Capitalized interest from proceeds7158,441.Credit enhancement from proceeds158,441.158,441.Credit enhancement from proceeds7,824,270.11,8Other spent proceeds7,824,270.11,8Other unspent proceeds20112Year of substantial completion20112Year of substantial completionXXWere the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?XXWere the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?XXHas the final allocation of proceeds been made?XXX	ABAmount of bonds retired462,019.3,582,388.Amount of bonds legally defeased7,982,711.12,025,000.Gross proceeds of issue7,982,711.12,025,000.Gross proceeds in reserve funds160,000.Proceeds in refunding escrows160,000.Proceeds in refunding escrows158,441.Credit enhancement from proceeds158,441.Credit enhancement from proceeds7,824,270.Other spent proceeds7,824,270.Other spent proceeds2011Ver of substantial completion2011Year of substantial completionXXXWere the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?XXXWere the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?XXXHas the final allocation of proceeds been made?XXXDoes the organization maintain adequate books and records to support the	ABCAmount of bonds retired	A B C Amount of bonds retired 462,019 3,582,388. Amount of bonds legally defeased 7,982,711 12,025,000. Gross proceeds in reserve funds 7,982,711 12,025,000. Capitalized interest from proceeds 160,000. 160,000. Proceeds in refunding escrows. 158,441. 160,000. Credit enhancement from proceeds 158,441. 160,000. Capital expenditures from proceeds 158,441. 160,000. Credit enhancement from proceeds 158,441. 160,000. Capital expenditures from proceeds 158,441. 160,000. Capital expenditures from proceeds 158,441. 160,000. Other spent proceeds 7,824,270. 11,865,000. Other unspent proceeds 7,824,270. 11,865,000. Other unspent proceeds 2011 2008 Yes No Yes No Yes No Yes No Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? X X Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to	ABCIAmount of bonds retired462,019.3,582,388.462,019.3,582,388.Amount of bonds legally defeased7,982,711.12,025,000.100.Total proceeds of issue7,982,711.12,025,000.100.Gross proceeds in reserve funds160,000.100.000.100.000.Proceeds in refunding escrows.158,441.100.000.100.000.Suance costs from proceeds158,441.100.000.100.000.Credit enhancement from proceeds158,441.100.000.100.000.Capital expenditures from proceeds7,824,270.11,865,000.100.000.Other spent proceeds7,824,270.11,865,000.100.000.Other unspent proceeds20112008100.000.Year of substantial completion20112008100.000.Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?XXXWere the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, a advance refunding issue)?XXXWere the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, a advance refunding issue)?XXXWere the final allocation of proceeds been made?XXXXDoes the organization maintain adequate books and records to support theXXXXDoes the organization maintain adequate books and records to support theXXXXDoes the organ

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

OMB No. 1545-0047



Inspection Employer identification number

34-0714687

Schedule K (Form 990) 2021

Ра	rt III Private Business Use	GROUP 1	-							
			Α	\		3		C	[)
1	Was the organization a partner in a partnership, or a member of an LLC,	Ye	5	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?			Х		Х				
2	Are there any lease arrangements that may result in private business use	of								
	bond-financed property?			Х		Х				
3a	Are there any management or service contracts that may result in priv									
	business use of bond-financed property?			Х		Х				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outs counsel to review any management or service contracts relating to the financed property?									
С	Are there any research agreements that may result in private business use bond-financed property?			x		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or ot									
	outside counsel to review any research agreements relating to the financed property'									
4	Enter the percentage of financed property used in a private business use by entit	ies								
	other than a section 501(c)(3) organization or a state or local government			%		%		%		%
5	Enter the percentage of financed property used in a private business use as	s a								
	result of unrelated trade or business activity carried on by your organizat									
	another section 501(c)(3) organization, or a state or local government			%		%		%		%
6	Total of lines 4 and 5			%		%		%		%
7	Does the bond issue meet the private security or payment test?			X		Х				
8a	Has there been a sale or disposition of any of the bond-financed property to a									
	nongovernmental person other than a 501(c)(3) organization since the bonds were issued	ued?		Х		Х				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or									
	disposed of			%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations									
	sections 1.141-12 and 1.145-2?	• •								
9	Has the organization established written procedures to ensure that all									
	nonqualified bonds of the issue are remediated in accordance with the									
	requirements under Regulations sections 1.141-12 and 1.145-2?	• • X			Х					
Ра	rt IV Arbitrage									
			A	۱	I	3		C		כ
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction a		S	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?	••		Х	Х					
	If "No" to line 1, did the following apply?									
a	Rebate not due yet?	X								
	Exception to rebate?									
c	No rebate due?				Х					
	If "Yes" to line 2c, provide in Part VI the date the rebate computation w									
	performed									
3	Is the bond issue a variable rate issue?			Х		Х				

Schedule K (Form 990) 2021

Schedule K (Form 990) 2021

-	t V Arbitrage (continued) G								Page J
Fa	t IV Arbitrage (continued) G	ROUP 1	A		3		c	l r)
12	Has the organization or the governmental issuer entered into a qualified	Yes	A No	Yes	No	Yes	No	Yes	, No
τa	hedge with respect to the bond issue?		X		X				
h	Name of provider		21						
	Term of hedge.								
	Was the hedge superintegrated?								
	Was the hedge terminated?								
	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
			A						
	Name of provider								
_	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
	Was the regulatory sale harbor for establishing the fail market value of the GiC satisfied? Were any gross proceeds invested beyond an available temporary period?								
	Has the organization established written procedures to monitor the								
'	5 I			37		1			
Der	requirements of section 148?	- X		X					
Pa	Procedures to Undertake Corrective Action		Α		3		C		<u>, </u>
					_	Yes	-		
	Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	res	No	Yes	No
	of federal tax requirements are timely identified and corrected through the					1			
	voluntary closing agreement program if self-remediation isn't available under					1			
D	applicable regulations? tVI Supplemental Information. Provide additional information for responses	X X	La an Caha	X dulo K Si	o instruct				
Par	Supplemental mormation. Provide additional mormation for responses	to question	IS ON SCHE			0115.			
		×							

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

PART IV, LINE 2C

FOR THE BOND ISSUED BY THE STATE OF OHIO HIGHER EDUCATION FACILITY ON 02/14/2017, A REBATE COMPUTATION WAS PERFORMED ON 02/13/2022.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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 instructions and the latest information.

2021 Open to Public Inspection

Name of the organization

Employer identification number

|--|

34-0714687

Par	Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of dete noncash contribut		,
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household						
Ŭ	goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded		23	244,755.	AVERAGE STOC	K COS	 די:
10	Securities - Closely held stock			211,755.			
11	Securities - Partnership, LLC,						
	or trust interests						
12	Securities - Miscellaneous						
12	Qualified conservation						
13	contribution - Historic						
	structures						
14	contribution - Other						
45							
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts.						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ►()						
26	Other ►()						
27	Other ►()						
	Other ►()						
29	Number of Forms 8283 received		• •				
	which the organization completed F	Form 8283,	Part V, Donee Acknowledge	ement	29	N	
						Yes	No
30a	During the year, did the organizat		• • • • •		•		
	28, that it must hold for at least th	-					
	to be used for exempt purposes for		olding period?		<u>30</u> a	1	X
	If "Yes," describe the arrangement in						
31	Does the organization have a						
	contributions?					X	
32a	Does the organization hire or use	-					
	contributions?				<u>32</u> a		Х
	If "Yes," describe in Part II.						
33	If the organization didn't report an	amount in c	olumn (c) for a type of pro	perty for which column (a)) is checked,		
	describe in Part II.						
For Pa	aperwork Reduction Act Notice, see the Instr	uctions for Fo	rm 990.		Schedule M (F	orm 990) 2021

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I

THE AMOUNTS LISTED IN PART 1, COLUMN B ARE BASED ON THE NUMBER OF

CONTRIBUTORS FOR EACH TYPE OF PROPERTY CONTRIBUTED.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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. OMB No. 1545-0047

 Dependition of the organization
 Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

 Name of the organization
 Employer ide

UNIVERSITY OF MOUNT UNION

Employer identification number

FORM 990, PART VI, SECTION B, LINE 11B

REVIEW IS CONDUCTED BY FINANCE, COMPENSATION AND AUDIT COMMITTEES OF THE BOARD OF TRUSTEES DURING A JOINT MEETING BEFORE THE 990 IS FILED. AFTER THIS REVIEW, A COPY OF THE FORM IS PROVIDED TO ALL BOARD MEMBERS AND THEN SUBMITTED TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C

COMPLIANCE WITH UNIVERSITY POLICY ON CONFLICT OF INTEREST IS CONDUCTED BY THE AUDIT COMMITTEE. EVERY TRUSTEE IS REQUIRED TO FILL OUT A CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY. TRUSTEES ARE REQUIRED TO DISCLOSE ACTUAL OR POTENTIAL CONFLICT OF INTEREST IN ANY TRANSACTION FOR THE UNIVERSITY THAT INVOLVES THEMSELVES OR MEMBERS OF THEIR IMMEDIATE FAMILIES. A SUMMARY OF ALL THE ANSWERS FROM THE QUESTIONNAIRE IS SENT TO MEMBERS OF THE AUDIT COMMITTEE FOR REVIEW AND ANY RELATIONSHIPS ARE ASSESSED TO ENSURE THEY ARE IN COMPLIANCE WITH THE POLICY. POTENTIAL MATTERS UNDER THE POLICY ARE ESCALATED AND REVIEWED BY THE CHAIR OF THE COMMITTEE AND THE PRESIDENT, AS WELL AS LEGAL COUNSEL IF NECESSARY. TRUSTEES WITH ANY DISCLOSED CONFLICT MUST REFRAIN FROM USING PERSONAL INFLUENCE IN THE MATTER AND WILL RECUSE THEMSELVES FROM ANY DISCUSSIONS AND/OR VOTING ON THE MATTER. THE BOARD OF TRUSTEES, AFTER EXERCISING ITS BUSINESS JUDGMENT AND DISCRETION, WILL MAKE A DETERMINATION IF THE TRANSACTION IS REASONABLE, FAIR AND CONSISTENT WITH UNIVERSITY PRACTICES.

FORM 990, PART VI, SECTION B, LINE 15A & 15B

THE BOARD HAS ESTABLISHED A COMPENSATION COMMITTEE THAT REVIEWS A COMPENSATION COMPARATIVE OF OTHER OHIO ATHLETIC CONFERENCE (OAC)

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. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

SCHOOLS AS WELL AS A LIST OF 24 COMPETITOR INSTITUTIONS TO EVALUATE

THE SALARY OF THE PRESIDENT AND VICE PRESIDENTS. THE RESULTS ARE

REVIEWED BY THE COMPENSATION COMMITTEE, APPROVED BY THE EXECUTIVE

COMMITTEE AND DISCLOSED TO THE FULL BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION C, LINE 19

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FORM 990 AND

FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS \$(2,013,353)

Schedule O (Form 990 or 990-EZ) 2021		Page
Name of the organization	Employer identification number	
UNIVERSITY OF MOUNT UNION	34-0714687	

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE UNIVERSITY AFFIRMS THE INSTITUTION'S MISSION TO PREPARE STUDENTS FOR FULFILLING LIVES, MEANINGFUL WORK AND RESPONSIBLE CITIZENSHIP. WITH 55 MAJORS AND 59 MINORS IN UNDERGRADUATE STUDIES TO CHOOSE FROM, UNIVERSITY OF MOUNT UNION OFFERS A WIDE ARRAY OF ACADEMIC COURSEWORK IN KEEPING WITH THE LIBERAL ARTS TRADITION. Name of the organization

JSA 1E1228 2.000

UNIVERSITY OF MOUNT UNION

Employer identification number 34 - 0714687

FORM 990, PART III - PROGRAM SERVICE

LINE 4C, PROGRAM SERVICE

INTERCOLLEGIATE ATHLETICS IS A PROGRAM SERVICE THAT IS OFFERED TO OUR STUDENTS. THE UNIVERSITY HAS 24 DIFFERENT MEN'S AND WOMEN'S TEAMS AVAILABLE UNDER THE AUTHORITY OF THE NCAA DIVISION III. IN THE 2021 YEAR, 947 STUDENTS COMPETED IN AT LEAST ONE SPORT AND THE UNIVERSITY HAS A STEEP TRADITION IN THE OHIO ATHLETIC CONFERENCE, THE THIRD OLDEST ATHLETIC CONFERENCE IN THE COUNTRY. MANY OF OUR ATHLETIC TEAMS ARE VERY COMPETITIVE, BOTH WITHIN THE OAC AND ON A NATIONAL STAGE. PROGRAM EXPENSES WITHIN INTERCOLLEGIATE ATHLETICS REPRESENTS COMPENSATION FOR COACHES AND TEAM EXPENSES, WHILE REVENUE ONLY ENCOMPASSES TICKET SALES. AS A DIVISION III SCHOOL, MOUNT UNION OFFERS NO ATHLETIC SCHOLARSHIPS, ALLOWING OUR STUDENTS TO PARTICIPATE IN INTERCOLLEGIATE ATHLETICS AS AN EXTENSION OF THEIR OVERALL LIVING AND LEARNING EXPERIENCE.

UNIVERSITY OF MOUNT UNION ORM 990, PART VII-COMPENSATION OF THE 5 HIGHE		714687
AME AND ADDRESS		COMPENSATIC
ELLUCIAN COMPANY LP		
4375 FAIRLAKE CRT		
FAIRFAX, VA 22033	SOFTWARE	684,15
RUFFALO NOEL LEVITZ		
P O BOX 718		
DES MOINES, IA 50303	CONSULTANT	174,99
GREINER INTERIORS 12805 REEDER AVE		
ALLIANCE, OH 44601	PAINTING MISC	173,01
		×
FORVIS, LLP		
111 E. WAYNE ST. STE 600 FORT WAYNE, IN 46802	ACCOUNTING	142,50
MASERAH FOR EDUCATIONAL SERVICES LLC		
39873 HWY 27 STE 131		104 61
DAVENPORT, FL 33837	EDUCATIONAL	124,61

JSA

Name of the organization		Em	ployer identification number	Pa
UNIVERSITY OF MOUNT UNION		34	1-0714687	
ORM 990, PART X - INVESTMENTS - P	UBLICLY TRADED SECURITIE	S		
ESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV	
UBLICLY TRADED SECURITIES	 128,114,638.	113,703,93		
OTALS	128,114,638.	113,703,93		
			==	

JSA

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

UNIVERSITY OF MOUNT UNION

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)	-				
(3)					
(4)					
(5)					
(6)					

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had Part II one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g Section 5 contr ent	3) 12(b)(13) rolled ity?
						Yes	No
(1)							
(2)							
(3)	·						
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2021

OMB No. 1545-0047

Open to Public

Inspection

2

Employer identification number

34-0714687

because it had one or more related organizations treated as a partnership during the tax year. (i) Code V - UBI (a) (b) (c) (d) (e) Predominant (g) (h) (j) (k) (f) Primary activity Share of end-of-Name, address, and EIN of Legal Direct controlling Share of total General or Percentage Disproportionate income (related, related organization domicile income amount in box 20 entity year assets managing ownership allocations? unrelated. (state or of Schedule K-1 partner? excluded from foreign tax under (Form 1065) sections 512 - 514) country) Yes No Yes No (1) (2) (3) (4) (5) (6) (7) Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, Part IV line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. (c) (a) (b) (d) (e) (f) (g) (h) (i) Section Name, address, and EIN of related organization Primary activity Direct controlling Type of entity Legal domicile Share of total Share of Percentage 512(b)(13) (state or foreign entity (C corp, S corp, or trust) income end-of-year assets ownership controlled country) entity? Yes No (1) CHARITABLE REMAINDER TRUSTS (8) CHARITABLE TR 1972 CLARK AVE ALLIANCE, OH 44601 OH N/A TRUST Х (2) (3)

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34,

(4)

(5)

(6)

(7)

Schedule R (Form 990) 2021

Part III

UNIVERSITY OF MOUNT UNION

34-0714687

h	Purchase of assets from related organization(s)				in	X
i	Exchange of assets with related organization(s)				1i	X
i	Lease of facilities, equipment, or other assets to related organization(s)				1j	X
,						
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	x
ï	Performance of services or membership or fundraising solicitations for related organization(s)				11	X
m	Performance of services or membership or fundraising solicitations by related organization(s).				1m	X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	X
					10	X
0	Sharing of paid employees with related organization(s)					
	Paimburgement paid to related organization(a) for evenence				1p	X
р	Reimbursement paid to related organization(s) for expenses.				1q	X
q	Reimbursement paid by related organization(s) for expenses				I'Y	
-	Other transfer of each or more arts to related ensuring (a)				1r	x
r	Other transfer of cash or property to related organization(s)			• • • • •	1s	X
2	Other transfer of cash or property from related organization(s).	his line including cove	ared relationships and trans	action thre		
	(a)	(b)	(c)		(d)	•
	Name of related organization	Transaction	Amount involved	Method	of deter	
		type (a-s)		amou	unt involv	ved
(1)						
(2)						
(3)						
(-)						
(4)						
(5)						
<u> </u>						
(6)						
JSA			Sc	hedule R (Form 9	90) 2021
1E130	9 1.000					
		91				

UNIVERSITY OF MOUNT UNION Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

Sale of assets to related organization(s).....

Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s).

1

b

g

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Х

Х

Х

Х

Х

Х

Х Х Х

Yes No

1a 1b

1c

1d

1e

1f

1g

34-0714687

34-0714687

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514) (d) Are all p sect 501(organizi Yes		(e) (f) (g Are all partners section section 501(c)(3) r organizations?		(d) (e) (f) (g) edominant Are all partners Share of Share of Share of me (related, section total income end-of-year assets atted, excluded corganizations? organizations? end-of-year assets		Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(Gene man part	j) eral or aging ner?	(k) Percentage ownership
			sections 512 - 514)	Yes	No			Yes	No	(**********	Yes	No		
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)						~								
(9)	_													
(10)	_													
(11)														
(12)														
(13)														
(14)														
(15)														
(16)														

Schedule R (Form 990) 2021

ESTIMATED TAX WORKSHEET FOR FORM 990-W

	2022 Estimated Tax	Α	
В.	Enter 100 % of Line A		
C.	Enter 100 % of tax on 2021 FORM 990-T C 26,784.		
D.	Required Annual Payment (Smaller of lines B or C)	D	26,784.
E.	Income tax withheld (if applicable)	Е	
	Balance (As rounded to the nearest multiple of)		26,784.

Record of Estimated Tax Payments

Payment number	(a) Date	(b) Amount (c)		2021 overpayment	(d) Total amount paid and
	(a) Date			credit applied	credited (add (b) and (c))
1	10/15/2022	NONE		581.	581.
2	12/15/2022	NONE		581.	581.
3	03/15/2023	18,345.		581.	18,926.
4	06/15/2023	6,117.		579.	6,696.
Total		24,462.		2,322.	26,784.

ESTIMATED PAYMENTS MUST BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENTS SYSTEM (EFTPS). THIS WORKSHEET MERELY PROVIDES THE AMOUNTS WHICH NEED TO BE PAID VIA THE ABOVE METHOD.

Form 990-T Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))		OMB No. 1545-0047
For calendar year 2021 or other tax year beginning $07/01$, 2021, and ending $06/30$, 202	22	2021
Department of the Treasury Go to www.irs.gov/Form990T for instructions and the latest information.		
Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3	3).	Open to Public Inspection for 501(c)(3) Organizations Only
	Employ	ver identification number
address changed. UNIVERSITY OF MOUNT UNION	34-0	714687
		exemption number tructions)
X 501(C)(3) Or Type 1972 CLARK AVE	(366 113	
408(e) 220(e) City or town, state or province, country, and ZIP or foreign postal code		
408A 530(a) ALLIANCE, OH 44601 F		Check box if an amended return.
529(a) 529A C Book value of all assets at end of year► 316310745		
G Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust		
H Check if filing only to Claim credit from Form 8941 Claim a refund shown on Form 24		
Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation		
J Enter the number of attached Schedules A (Form 990-T)		
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		▶ Yes X No
If "Yes," enter the name and identifying number of the parent corporation L The books are in care of ▶ Telephone number 330-	0.0.2	
L The books are in care of ► PATRICK D HEDDLESTON Telephone number ► 330- 1972 CLARK AVE	.823-	05/2
ALLIANCE, OH 44601		
ALLIANCE, ON 44001		
Part I Total Unrelated Business Taxable Income		
1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
instructions)		128,545.
2 Reserved		,
3 Add lines 1 and 2		128,545.
4 Charitable contributions (see instructions for limitation rules)		
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3		128,545.
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction.		
Subtract line 6 from line 5	7	128,545.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions		
10 Total deductions. Add lines 8 and 9		1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
	11	127,545.
Part II Tax Computation		
1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	· 1	26,784.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on		
Part I, line 11 from: Tax rate schedule or Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
 4 Other tax amounts. See instructions 5 Alternative minimum tax (trusts only) 	4	
 5 Alternative minimum tax (trusts only) 6 Tax on noncompliant facility income. See instructions 		
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies		26,784.
For Paperwork Reduction Act Notice, see instructions.		Form 990-T (2021)

Form	990-T (2021)	34-0714687	Page 2
Par	t III Tax and Payments		
1 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a		
b	Other credits (see instructions)		
С	General business credit. Attach Form 3800 (see instructions)		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	Total credits. Add lines 1a through 1d	1e	
2	Subtract line 1e from Part II, line 7	2 26,	<u>,784.</u>
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866		
	Other (attach statement)	3	
4	Total tax. Add lines 2 and 3 (see instructions).		
	section 1294. Enter tax amount here	4 26	<u>,784.</u>
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	
6 a	Payments: A 2020 overpayment credited to 2021		
b	2021 estimated tax payments. Check if section 643(g) election applies 6b 30,000	<u> </u>	
С	Tax deposited with Form 8868		
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d		
е	Backup withholding (see instructions)	_	
f	Credit for small employer health insurance premiums (attach Form 8941) 6f	4	
g	Other credits, adjustments, and payments: Form 2439		
	Form 4136 Other Total ▶6g		
7	Total payments. Add lines 6a through 6g		<u>,000.</u>
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8	894.
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid.		<u>,322.</u>
11	Enter the amount of line 10 you want: Credited to 2022 estimated tax > 2,322. Refunded >		
	t IV Statements Regarding Certain Activities and Other Information (see instruction		es No
1	At any time during the 2021 calendar year, did the organization have an interest in or a signature o over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m		55 NO
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	Toreign country	X
n	here b During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to		X
2	If "Yes," see instructions for other forms the organization may have to file.		
3	Enter the amount of tax-exempt interest received or accrued during the tax year		
3 4	Enter available pre-2018 NOL carryovers here \$ NONE . Do not include any post-2017 NOL carryo		
4			
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction	on reported on	
5	Part I, line 6. Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers	Don't reduce	
Ū	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code Available post-2017 N	VOL carryover	
	901101 \$ 10,475.		
	<u> </u>		
	\$		
	s		
6a	Did the organization change its method of accounting? (see instructions)		Х
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form	1128? If "No,"	
	explain in Part V		
Par			
Provi	de the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.		

Sign Here	Under penalties of perjury, I declare that I have examin belief, it is true, correct, and complete. Declaration of preparer (or				mowledge. May the IRS	discuss this return		
nere	Signature of officer	Date	Title		(see instructions)	eparer shown below ? X Yes No		
Dela	Print/Type preparer's name	Preparer's signature		Date	Check if	PTIN		
Paid	LAUREN R DENTON				self-employed	P01571860		
Prepar Use O		Firm's name FORVIS, LLP				Firm's EIN ► 44-0160260		
0500	Firm's address ► 111 E. WAYNE ST.,	SUITE 600, FO	ORT WAYNE	, IN 46802	Phone no. 260-	-460-4000		
JSA 1X2741 1.	.000					Form 990-T (2021)		

SCHE	DULE A
(Form	990-T)

Department of the Treasury Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0074

2021

Go to www.irs.gov/Form990T for instructions and the latest information	ation
--	-------

A Name of the organization	zation
----------------------------	--------

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).
 Open to Public Inspection for 501(c)(3).

A Name of the organization	B Employer identification number
UNIVERSITY OF MOUNT UNION	34-0714687
C Unrelated business activity code (see instructions) ► 901101	D Sequence: 1 of 1

E Describe the unrelated trade or business ► INVESTMENTS IN PARTNERSHIPS

Par	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	5	(C) Net
1a	Gross receipts or sales					
b	Less returns and allowances c Balance ►	1c				
2	Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4a	Capital gain net income (attach Sch D (Form 1041 or Form					
	1120)). See instructions	4a	157,278.			157,278.
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement) SEE. STATEMENT. 1	5	19,775.			19,775.
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)		· ·			
10	Exploited exempt activity income (Part VIII)					
11	Advertising income (Part IX)	1				
12	Other income (see instructions; attach statement)		1			
13	Total. Combine lines 3 through 12		177,053.	iana Daduatia		<u>177,053.</u>
Pai	t II Deductions Not Taken Elsewhere See instructions directly connected with the unrelated business incom		nitations on deduct	ions. Deductio	ons n	nust be
4	Compensation of officers, directors, and trustees (Part X)				1	
1 2	Salaries and wages				2	
2	Repairs and maintenance				2	
4	Bad debts			•••••	4	
4 5	Interest (attach statement). See instructions				5	
6	Taxes and licenses.				6	
7	Depreciation (attach Form 4562). See instructions		1 1		•	
8	Less depreciation claimed in Part III and elsewhere on return .				8b	
9	Depletion				9	
10	Contributions to deferred compensation plans				10	
11	Employee benefit programs				11	
12	Excess exempt expenses (Part VIII)				12	
13	Excess readership costs (Part IX)				13	
14	Other deductions (attach statement)				14	38,033.
15	Total deductions. Add lines 1 through 14				15	38,033.
16	Unrelated business income before net operating loss deduction	n. Sub	tract line 15 from Pa	art I, line 13, 🛛		
	column (C)				16	139,020.
17	Deduction for net operating loss. See instructions				17	10,475.
18	Unrelated business taxable income. Subtract line 17 from line	16			18	128,545.
For Pa	aperwork Reduction Act Notice, see instructions.			Sche	dule	A (Form 990-T) 2021

Schedu	ule A (Form 990-T) 2021				Page 2
Par	t III Cost of Goods Sold	Enter method of inve	ntory valuation 🕨		
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement	nt)		4	
5	Other costs (attach statement)			5	
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6				
9	Do the rules of section 263A (with respect to				Yes No
Part					
1	Description of property (property street addres	s, city, state, ZIP code). Ch	eck if a dual-use. See instr	uctions.	
	A				
	B				
	C				
	D	Α	в	С	D
•	Dept received or econyed	~	6	U U	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				•
b	but not more than 50%) From real and personal property (if the				
	percentage of rent for personal property (in the				
	exceeds 50% or if the rent is based on profit of				
	income)				
с	Total rents received or accrued by property				
U	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c co		here and on Part I, line 6.	column (A)	
4	Deductions directly connected with the income	9			
	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A throug	h D. Enter here and on Pa	rt I, line 6, column (B)		
Par	t V Unrelated Debt-Financed Incom	e (see instructions)			
1	Description of debt-financed property (street a	ddress, city, state, ZIP code	e). Check if a dual-use. See	e instructions.	
	A				
	B				
	c				
	D		_	-	
		Α	В	C	D
2	Gross income from or allocable to debt -				
	financed property				
3	Deductions directly connected with or allocable	e			
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
_	to debt - financed property (attach statement)				
5	Average adjusted basis of or allocable to debt				
•	financed property (attach statement)				
6	Divide line 4 by line 5		%	%	%
7	Gross income reportable. Multiply line 2 by line 6		Dort Lline Z. column (A)		
8	Total gross income (add line 7, columns A thr	ough ש). בחופו nere and or	r raiti, ine 7, column (A)	••••••	
9	Allocable deductions. Multiply line 3c by line 6				
3 10	Total allocable deductions. Add line 9, column		and on Part I. line 7. colu	mn (B)	
11	Total dividends-received deductions included	e e			
				· · ·	edule A (Form 990-T) 2021
JSA 1X2751	1.000			Sch	edule A (Form 990-T

Part VI Interest, Ani	nuities, Royalt	ies, and Rents		nizations (see instructions	3)
			Exempt Co	ontrolled Organizations	
1. Name of controlled organization	2. Employer identification number	 Net unrelate income (loss) (see instructions) 	payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
)					
		Nonexe	mpt Controlled Organization	ons	
7. Taxable income	ind	let unrelated come (loss) e instructions)	 Total of specified payments made 	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
)					
)					
)					
				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I line 8, column (B)
otals			(7), (9), or (17) Organiz	otion (and instructions)	
1. Description of income		ount of income	3. Deductions	4. Set-asides	5. Total deductions
			directly connected (attach statement)	(attach statement)	and set-asides (add columns 3 and 4)
)					
)					
	Add om (ounts in column 2.			Add amounts in column
	Enter he	ere and on Part I, 9, column (A)			Enter here and on Part I line 9, column (B)
otals					
		Income, Othe	er Than Advertising Inco	ome (see instructions)	
Description of exploit					
			iness. Enter here and on F		2
		production of un	related business income. E	inter nere and on Part I,	
line 10, column (B)			- Outstaard line O farm li		3
			s. Subtract line 3 from lir	•	
					4
			income		5
					6
			6, but do not enter more		
4. Enter here and on	Part II, line 12				
					Schedule A (Form 990-T) 2

JSA 1X2752 1.000

Schedule A (Form 990-T) 2021		Page 4
Part IX Advertising Income		
1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated	basis.	
A		
В		
c		
D		
Enter amounts for each periodical listed above in the corresponding column.		
A B	С	D
2 Gross advertising income		
a Add columns A through D. Enter here and on Part I, line 11, column (A)		
		· · ·
3 Direct advertising costs by periodical		
		`
a Add columns A through D. Enter here and on Part I, line 11, column (B)		
4 Advertising gain (loss). Subtract line 3 from line		
2. For any column in line 4 showing a gain,		
complete lines 5 through 8. For any column in		
line 4 showing a loss or zero, do not complete		
lines 5 through 7, and enter zero on line 8		
5 Readership costs		
6 Circulation income		
7 Excess readership costs. If line 6 is less than		
line 5, subtract line 6 from line 5. If line 5 is less		
than line 6, enter zero		
8 Excess readership costs allowed as a		
deduction. For each column showing a gain on		
line 4, enter the lesser of line 4 or line 7		
a Add line 8, columns A through D. Enter the greater of the line 8a, columns		on
Part II, line 13		▶
Part X Compensation of Officers, Directors, and Trustees (see instruction	s)	
	3. Percentage	4. Compensation
1. Name 2. Title	of time devoted	attributable to
1. Name Z. Tue		
	to business	unrelated business
(1)	%	
(2)	%	
(3)	%	
(4)	%	
Total. Enter here and on Part II, line 1		
Part XI Supplemental Information (see instructions)		

UNIVERSITY OF MOUNT UNION

34-0714687

SCHEDULE A: INVESTMENTS

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

	SHARE OF GROSS INCOME	SHARE OF DEDUCTIONS	GAIN OR (LOSS)
BPEA III, LP BPEA IV, LP COMMONFUND CAPITAL SECONDARY PARTNERS II COMMONFUND CAPITAL SECONDARY PARTNERS III TOWNSEND REAL ESTATE ALPHA FUND III BPEA V, LP	25,635. 7,288.	2,474. 5,620. 236. 4,818.	25,635. 7,288. -2,474. -5,620. -236. -4,818.
TOTAL INCOME (LOSS) FROM PARTNERSHIPS AND,	OR S CORPORATIONS		19,775.

SCHEDULE A:INVESTMENTS PART II - LINE 14 - OTHER DEDUCTIONS	
TAX PREP FEES MANAGEMENT FEES	2,075. 35,958.
TOTAL OTHER DEDUCTIONS	38,033.

STATEMENT 2

SCHED	DULE D
(Form	1120)

Capital Gains and Losses

OMB No. 1545-0123

2021

 Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
 Go to www.irs.gov/Form1120 for instructions and the latest information. Department of the Treasury

	Revenue Service Go to www.irs.	gov/Form1120 for instruct	ions and the latest infor	mation.			
lame	NITURDATELY OF MOUNTE INITON						tion number
	NIVERSITY OF MOUNT UNION e corporation dispose of any investment(s) ir	a qualified opportuni	ty fund during the ta	vvoar?		4-0714 Yes	587 X No
	s," attach Form 8949 and see its instructions					163	
Part	Short-Term Capital Gains and Loss	es - Assets Held Or	ne Year or Less				
	See instructions for how to figure the amounts to enter on the lines below.	(d)	(e)	(g) Adjustment or loss from Fo		(h) Gain or	r (loss) olumn (e) from
	This form may be easier to complete if you round off cents to	Proceeds (sales price)	Cost (or other basis)	8949, Part I, lir		column (d)	and combine
1 -	whole dollars. Totals for all short-term transactions reported on Form	(sales price)		column (g)		the result	with column (g)
Id	1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). Howeve if you choose to report all these transactions on Form 894 leave this line blank and go to line 1b	9,					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked						
2	Totals for all transactions reported on Form(s) 8949						
	with Box B checked	•					
3	Totals for all transactions reported on Form(s) 8949						
	with Box C checked	• 941.					941.
4	Short-term capital gain from installment sales from	n Form 6252, line 26 or 3	7		. 4		
F	Chart term conital rais or (leas) from like kind eve	han see from Form 8004					
5	Short-term capital gain or (loss) from like-kind excl	nanges from Form 8824			. 5		
6	Unused capital loss carryover (attach computation)				6	(
Ũ					•		
7	Net short-term capital gain or (loss). Combine line	s 1a through 6 in column	h		. 7		941
art							
	See instructions for how to figure the amounts to enter on the lines below.	(d)	(e)	(g) Adjustment		(h) Gain or	. ,
	This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	or loss from Fo 8949, Part II, li column (g)	. ,	column (d)	olumn (e) from and combine with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). Howeve if you choose to report all these transactions on Form 894 leave this line blank and go to line 8b	9,					
8b	Totals for all transactions reported on Form(s) 8949						
	with Box D checked	•					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked						
10	Totals for all transactions reported on Form(s) 8949						
	with Box F checked	130,179.					130,179.
11	Enter gain from Form 4797, line 7 or 9				. 11		26,158
12	Long-term capital gain from installment sales from	n Form 6252, line 26 or 3	7		. 12		
13	Long-term capital gain or (loss) from like-kind exch	anges from Form 8824			. 13		
14	Capital gain distributions (see instructions)				. 14		
15	Net long-term capital gain or (loss). Combine lines	8 a through 14 in column	h		. 15		156,337
ari	-				- 15	1	10,007
16	Enter excess of net short-term capital gain (line 7) over net long-term capita	al loss (line 15)		. 16		941
	Net capital gain. Enter excess of net long-term ca	pital gain (line 15) over n	et short-term capital lo	ss (line 7)	17		156,337
17		- · ·	•		•		
17 18	Add lines 16 and 17. Enter here and on Form 112	20, page 1, line 8, or the	applicable line on othe	r returns	. 18		157,278

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orm	8	9	4	9

Department of the Treasury

Internal Revenue Service

F

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return	Social security number or taxpayer identification number
UNIVERSITY OF MOUNT UNION	34-0714687

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

x (C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) (c) Date acquired	(d) Proceeds	(e) Cost or other basis. See the Note below and see <i>Column</i> (e)	Adjustment, if If you enter an a enter a co See the sepa	, (h) Gain or (loss). Subtract column (e)		
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
ST GAIN	VAR	VAR	941.				941.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C ab	here and inclusion is checked), line	lude on your e 2 (if Box B	941.				941.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

OMB No. 1545-0074

JSA	
1X2616 1.0	000
31619н	D320

Form 8949 (2021)	
Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side	

UNIVERSITY OF MOUNT UNION

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column</i> (e)	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		Gain or (loss). Subtract column (e) from column (d) and	
		(Mo., day, yr.)	(see instructions)	in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)	
LT GAIN	VAR	VAR	130,179.				130,179.	
2 Totals. Add the amounts in columns negative amounts). Enter each total								
Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box			130,179.				130,179.	

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

UNIVERSITY OF MOUN

Part II

e Social security number or taxpayer identification number

34-0714687

Underpayment	of Estimated	Tax by	Corporations
--------------	--------------	--------	--------------

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service Name

Form

222

Attach to the corporation's tax return.

Go to www.irs.gov/Form2220 for instructions and the latest information.

Employer identification number 34 - 0714687

UNIVERSITY OF MOUNT UNION

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Par	t Required Annual Payment		
1	Total tax (see instructions)	1	26,784.
2a b	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method.	2a	
c d	Credit for federal tax paid on fuels (see instructions)		
3	Subtract line 2d from line 1. If the result is less than \$500, do not complete does not owe the penalty	or file this form. The corporation	26,784.
4	Enter the tax shown on the corporation's 2020 income tax return. See instruction the tax year was for less than 12 months, skip this line and enter the amount from the tax year was for less than 12 months.		NONE
5	Required annual payment. Enter the smaller of line 3 or line 4. If the corporation the amount from line 3		26,784.
Part	Reasons for Filing - Check the boxes below that apply. If	any boxes are checked, the co	orporation must file

Form 2220 even if it	does not owe a penalty	See instructions

Part	Figuring the Underpayment
8	The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.
7	The corporation is using the annualized income installment method.
6	The corporation is using the adjusted seasonal installment method.
	Form 2220 even in it does not owe a penalty. See instructions.

			(a)	(b)	(c)	(d)
9	Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (<i>Form 990-PF filers:</i> Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	11/15/2021	12/15/2021	03/15/2022	06/15/2022
10	Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column.	10	6,696.	6,696.	6,696.	6,696.
11	Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11				
	Complete lines 12 through 18 of one column before going to the next column.					
12	Enter amount, if any, from line 18 of the preceding column	12				
13	Add lines 11 and 12	13				
14	Add amounts on lines 16 and 17 of the preceding column	14		6,696.	13,392.	20,088.
15	Subtract line 14 from line 13. If zero or less, enter -0-	15				
16	If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		6,696.	13,392.	
17	Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to					
18	line 18 Overpayment. If line 10 is less than line 15,	17	6,696.	6,696.	6,696.	6,696.
<u>Ca ta</u>	subtract line 10 from line 15. Then go to line 12 of the next column		a Port IV if there are no a	utrice on line 17 no none	It is awad	

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owe

For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2021)

		(a)	(b)	(c)	(d)
Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (<i>C corporations</i> <i>with tax years ending June 30 and S corporations:</i> Use 3rd month instead of 4th month. <i>Form 990-PF and Form 990-T filers:</i> Use					
5th month instead of 4th month.) See instructions	19				
Number of days from due date of installment on line 9 to the					
date shown on line 19	20				
Number of days on line 20 after 4/15/2021 and before 7/1/2021	21				
Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{365}$ x 3% (0.03)	22	\$	\$	\$	\$
Number of days on line 20 after 6/30/2021 and before 10/1/2021	23				
Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{365}$ x 3% (0.03)	24	\$	\$	\$	\$
365		SEE PENAL	TY COMPUTA	TION WHITE	PAPER DETA
Number of days on line 20 after 9/30/2021 and before 1/1/2022	25	STATEMENT	1		
Underpayment on line 17 x Number of days on line 25 x 3% (0.03) 365	26	\$	\$	\$	\$
Number of days on line 20 after 12/31/2021 and before 4/1/2022	27				
Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365}$ x 3% (0.03)	28	\$	\$	\$	\$
Number of days on line 20 after 3/31/2022 and before 7/1/2022	29				
Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365}$ x *%	30	\$	\$	\$	\$
Number of days on line 20 after 6/30/2022 and before 10/1/2022	31				
Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365}$ x *%	32	\$	\$	\$	\$
Number of days on line 20 after 9/30/2022 and before 1/1/2023	33				
Underpayment on line 17 x Number of days on line 33 x *% 365	34	\$	\$	\$	\$
Number of days on line 20 after 12/31/2022 and before 3/16/2023	35				
Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$	\$
Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	\$
Penalty. Add columns (a) through (d) of line 37. Enter the to line for other income tax returns					\$ 894.

These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at **www.irs.gov.** You can also call 1-800-829-4933 to get interest rate information.

Form 2220 (2021)

PENALTY COMPUTATION DETAIL - FORM 2220

QUARTER 1, RATE PERIOD 1 (11/15/2021 - 03/31/2022)			
6,696. 11/15/2021 03/31/2022	136	3	75.
TOTAL FOR QUARTER 1, RATE PERIOD 1			75.
QUARTER 1, RATE PERIOD 2 (03/31/2022 - 06/30/2022)			
6,696. 03/31/2022 06/30/2022	91	4	67.
TOTAL FOR QUARTER 1, RATE PERIOD 2			67.
QUARTER 1, RATE PERIOD 3 (06/30/2022 - 09/30/2022)			========
6,696. 06/30/2022 09/30/2022	92	5	84.
TOTAL FOR QUARTER 1, RATE PERIOD 3			
QUARTER 1, RATE PERIOD 4 (09/30/2022 - 11/15/2022)			========
6,696. 09/30/2022 11/15/2022	46	6	51.
TOTAL FOR QUARTER 1, RATE PERIOD 4			51.
QUARTER 2, RATE PERIOD 1 (12/15/2021 - 03/31/2022)			========
6,696. 12/15/2021 03/31/2022	106	3	58.
TOTAL FOR QUARTER 2, RATE PERIOD 1			58.
QUARTER 2, RATE PERIOD 2 (03/31/2022 - 06/30/2022)			=========
6,696. 03/31/2022 06/30/2022	91	4	67.
TOTAL FOR QUARTER 2, RATE PERIOD 2			67.
QUARTER 2, RATE PERIOD 3 (06/30/2022 - 09/30/2022)			
6,696. 06/30/2022 09/30/2022	92	5	84.
TOTAL FOR QUARTER 2, RATE PERIOD 3			
QUARTER 2, RATE PERIOD 4 (09/30/2022 - 11/15/2022)			=========

STATEMENT 2

PENALTY COMPUTATION DETAIL - FORM 2220

6,696. 09/30/2022 11/15/2022 TOTAL FOR QUARTER 2, RATE PERIOD 4	46		
TOTAL FOR QUARTER 2. RATE PERIOD 4	10	6	51.
			51.
QUARTER 3, RATE PERIOD 1 (03/15/2022 - 03/31/2022)			
6,696. 03/15/2022 03/31/2022	16	3	9.
TOTAL FOR QUARTER 3, RATE PERIOD 1			9.
QUARTER 3, RATE PERIOD 2 (03/31/2022 - 06/30/2022)			
6,696. 03/31/2022 06/30/2022	91	4	67.
TOTAL FOR QUARTER 3, RATE PERIOD 2			67.
QUARTER 3, RATE PERIOD 3 (06/30/2022 - 09/30/2022)			
6,696. 06/30/2022 09/30/2022	92	5	84.
TOTAL FOR QUARTER 3, RATE PERIOD 3			
QUARTER 3, RATE PERIOD 4 (09/30/2022 - 11/15/2022)			=========
6,696. 09/30/2022 11/15/2022	46	б	51.
TOTAL FOR QUARTER 3, RATE PERIOD 4			51.
QUARTER 4, RATE PERIOD 2 (06/15/2022 - 06/30/2022)			========
6,696. 06/15/2022 06/30/2022	15	4	11.
TOTAL FOR QUARTER 4, RATE PERIOD 2			11.
QUARTER 4, RATE PERIOD 3 (06/30/2022 - 09/30/2022)			
6,696. 06/30/2022 09/30/2022	92	5	84.
TOTAL FOR QUARTER 4, RATE PERIOD 3			
QUARTER 4, RATE PERIOD 4 (09/30/2022 - 11/15/2022)			========
6,696. 09/30/2022 11/15/2022	46	6	51.

STATEMENT 3

PENALTY COMPUTATION DETAIL - FORM 2220

				======	=====	
DATE PD	UNDERPAYMENT	BEG.DATE	END DATE	DAYS	00 	PENALTY
TOTAL	JFOR QUARTER 4,	RATE PERIOD	4			 51.
TOTAL UNDERPA	YMENT PENALTY					894.

epartment of the Treasury ternal Revenue Service ame(s) shown on return INIVERSITY OF MO	►G	01		s 179 and 280F	-(b)(2))	S		2021
ame(s) shown on return	₽ G	 Attach to your tax return. Go to www.irs.gov/Form4797 for instructions and the latest information. 						Attachment Sequence No. 27
	-						Identify	ving number
	UNT UNT	лс						714687
1a Enter the gross proc			s reported to ye	ou for 2021 on Fo	orm(s) 1099-B or 1	1099-S (or	1 1	, 1100,
substitute statement)	hat you are i	including on line 2	, 10, or 20. See	instructions			1a	
b Enter the total amou								
MACRS assets							. 1b	
c Enter the total amour			-				1 1	
assets								
				or Business an ore Than 1 Year			ons Fro	om Otner
inan oasaa					(e) Depreciation	(f) Cost	or other	()
2 (a) Description of property		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	allowed or	basis, improvem	plus	(g) Gain or (loss) Subtract (f) from th
of property		(110., day, yi.)	(110., day, yi.)	sales price	allowable since acquisition	expense		sum of (d) and (e)
SEE STATEME	NT 1							26,158
							_	
3 Gain, if any, from For								
4 Section 1231 gain fro								
5 Section 1231 gain or	. ,	0						
6 Gain, if any, from line7 Combine lines 2 through the second second								26,158
7 Combine lines 2 throu Partnerships and S of line 10, or Form 1120-	orporations	. Report the gain	or (loss) followi	ing the instructions				20,130
Individuals, partners, from line 7 on line 1 1231 losses, or they Schedule D filed with	1 below and were recaptu	l skip lines 8 and Ired in an earlier y	9. If line 7 is a ear, enter the ga	gain and you didn' ain from line 7 as a	t have any prior ye	ear section		
8 Nonrecaptured net se	ction 1231 l	osses from prior ye	ears. See instruct	ions			. 8	
9 Subtract line 8 from I line 9 is more than ze	ro, enter the	amount from line	8 on line 12 bel	low and enter the g	ain from line 9 as a	long-term		
capital gain on the Sc				<u> </u>			. 9	
		osses (see ins						
0 Ordinary gains and lo	sses not inc		through 16 (inclu					
1 Loss, if any, from line	7						. 11	(
2 Gain, if any, from line								<u>×</u>
3 Gain, if any, from line	31						. 13	
4 Net gain or (loss) fror	n Form 4684	, lines 31 and 38a					. 14	
5 Ordinary gain from in:								
6 Ordinary gain or (loss) from like-ki	ind exchanges from	Form 8824 .				. 16	
7 Combine lines 10 thro	ough 16						. 17	
8 For all except individu a and b below. For ind				the appropriate line	of your return and	l skip lines		

loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as 18a an employee.) Identify as from "Form 4797, line 18a." See instructions b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4..... 18b

For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2021)

26,158.

26,158.

)

1X2610 1.000

(a) Description of section 1245, 1250, 1252, 1254, (
				(mo., day, yr.)	(mo., day, yr.)
These columns relate to the properties on lines 19A through 19E	o. ▶	Property A	Property B	Property C	Property D
· · · · ·					
Total gain. Subtract line 23 from line 20	24				
•					
	25a				
If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject					
	26a				
•					
	26b				
	26c				
•					
If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
Soil, water, and land clearing expenses	27a				
Line 27a multiplied by applicable percentage. See instructions .	27b				
Enter the smaller of line 24 or 27b	27c				
Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions					
Enter the smaller of line 24 or 28a	28b				
If section 1255 property:					
Applicable percentage of payments excluded from					
income under section 126. See instructions	29a				
mary of Part III Gains. Complete propert	y col	umns A through	D through line 29	<u>9b before going to li</u>	ne 30.
Total gains for all properties. Add property columns A	A throu	gh D, line 24			
Subtract line 31 from line 30. Enter the portion from	n casu	alty or theft on Form	4684, line 33. Ente	er the portion from	
other than casualty or theft on Form 4797, line 6	<u> </u>	<u></u> .	<u></u> .		
					or Less
				(a) Section 179	(b) Section 280F(b)(2)
Section 179 expense deduction or depreciation allow	able in	prior vears	3	3	
	Gross sales price (Note: See line 1 before completing.) Cost or other basis plus expense of sale Depreciation (or depletion) allowed or allowable Adjusted basis. Subtract line 22 from line 21 Total gain. Subtract line 23 from line 20 f section 1245 property: Depreciation allowed or allowable from line 22 Enter the smaller of line 24 or 25a. If section 1250 property: If straight line depreciation was used, enter -0 on line 26g, except for a corporation subject to section 291. Additional depreciation after 1975. See instructions . Applicable percentage multiplied by the smaller of ine 24 or line 26a. See instructions Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e Additional depreciation after 1969 and before 1976. Enter the smaller of line 26c or 26d. Section 291 amount (corporations only). Add lines 26b, 26e, and 26f or a partnership. Soil, water, and land clearing expenses ine 27a multiplied by applicable percentage. See instructions Enter the smaller of line 24 or 27b f section 1254 property: finangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions Enter the smaller of line 24 or 27b f section 1255 property: Applicable percentage of payments excluded from ncome under section 126. See instructions Enter the smaller of line 24 or 29a. See instructions Enter the smaller of line 24 or 29a. See instructions Enter the smaller of line 24 or 29a. See instructions Enter the smaller of line 24 or 29a. See instructions Enter the smaller of line 24 or 29a. See instructions Enter the smaller of line 24 or 29a. See instructions Enter the smaller of line 24 or 29a. See instructions Enter the smaller of line 24 or 29a. See instructions Enter the smaller of line 24 or 29a. See instructions Enter the smaller of line 24 or 29a. See instructions Enter the smaller of line 24 or 29a. See instructions Enter the smaller of line 24 or 2	Gross sales price (Note: See line 1 before completing.) 20 Cost or other basis plus expense of sale 21 Depreciation (or depletion) allowed or allowable 22 Adjusted basis. Subtract line 22 from line 21 23 Total gain. Subtract line 23 from line 20 24 if section 1245 property: 25a Depreciation allowed or allowable from line 22 25a Enter the smaller of line 24 or 25a. 25b if section 1250 property: If straight line depreciation was ised, enter -0 on line 26g, except for a corporation subject o section 291. 26a Additional depreciation after 1975. See instructions 26a Applicable percentage multiplied by the smaller of line 24 or line 26a, skip lines 26d and 26e 26c Additional depreciation after 1969 and before 1976. 26d Enter the smaller of line 26c or 26d. 26g Add lines 26b, 26e, and 26f 26g Add lines 26b, 26e, and 26f 27a Line 27a multiplied by applicable percentage. See instructions. 27a Line 27a multiplied by applicable percentage. See instructions. 28a Enter the smaller of line 24 or 27b 27c f section 1254 property: 27b Intangible diriling and development costs, expendi	Gross sales price (Note: See line 1 before completing.) 20 Cost or other basis plus expense of sale 21 Depreciation (or depletion) allowed or allowable 22 Adjusted basis. Subtract line 22 from line 21 23 Total gain. Subtract line 23 from line 20 24 If section 1245 property: 25a Depreciation allowed or allowable from line 22 25a Enter the smaller of line 24 or 25a 25b If section 1250 property: 16 section 1250 property: Additional depreciation after 1975. See instructions 26a Applicable percentage multiplied by the smaller of line 26a. See instructions 26b Subtract line 26a from line 24. If residential rental property 26c Additional depreciation after 1969 and before 1976. 26d Additional depreciation after 1969 and before 1976. 26d Section 221 amount (corporations only) 26f Add lines 26b, 26e, and 26f 27a Soil, water, and land clearing expenses 27a Ine 27a multiplied by applicable percentage. See instructions 27a Ine 27b property: See instructions 27a Ine 27c 16 section 1252 property: 27a Ina	Gross sales price (Note: See line 1 before completing.) 20 Cost or other basis plus expense of sale	Bites sales price (Note: See line 1 before completing.) 20 21 Cost or other basis plus expense of sale , , , , , 21 21 Adjusted basis. Subtract line 22 from line 21 , , , , 23 23 Total gain. Subtract line 23 from line 20 , , , , , 24 24 Adjusted basis. Subtract line 23 from line 21 , , , , 25 25 Depreciation of ordepiction allowed or allowable from line 22 , , , , , 25 25 Inert the smaller of line 25 or , , , , , 25 25 Additional depreciation after 1975. See instructions as a sed, entr - or nine 250, except for a corporation subject os section 291. 26 Additional depreciation after 1965 and before 1976. 266 Section 291 amount (corporations only)

34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

Form 4797 (2021)

Page 2

34-0714687

1X2620 1.000

Form 4797 (2021)

UNIVERSITY OF MOUNT UNION Supplement to Form 4797 Part I Detail

34-0714687

Description	Date Acquired	Date Sold	Gross Sales Price	Depreciation Allowed or Allowable	Cost or Other Basis	Gain or (Loss) for entire year
1231 GAIN	VAR	VAR	26,158.			26,158
		VIIIt	20,200.			20,1200
						_
Totals						26,158

JSA 1XA258 1.000

Electronic Filing Information: PDF attachments Included in this Return

Ν	ax Year: 2021 Jurisdiction: Federal - 990T ame: UNIVERSITY OF MOUN No of Attachments: 2 eturn No: E31619H1 PDF File Name	File Size
NOL Carryforward	E31619H1_FE-990T_NOL Carryforward.pdf	48,473
Form 926s	E1619H1_FE-990T_Form 926s.pdf	60,722

University of Mount Union 990-T NOL Schedule June 30, 2022

		Investment in Part	nerships NOL		
Year Ending	Taxable Income/(Loss)	Amount Used	Used in CY	Amount Available	Carryover to Next Year
6/30/2021 6/30/2022	(10,475) 139,020		10,475	-	:
Total Carryover to 2022					-
		*			
· · · · · · · · · · · · · · · · · · ·					

Form 926
(Rev. November 2018)
Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

Go to www.irs.gov/Form926 for instructions and the latest information.
 Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment	
Sequence No.	128

Part I U.S. Transferor Information (see instructions)	
Name of transferor	Identifying number (see instructions)
UNIVERSITY OF MOUNT UNION	34-0714687
 Is the transferee a specified 10%-owned foreign corporation If the transferor was a corporation, complete questions 2a 	on that is not a controlled foreign corporation? . Yes No
a If the transfer was a section 361(a) or (b) transfer, was the	
five or fewer domestic corporations?	
b Did the transferor remain in existence after the transfer?	\Box
If not, list the controlling shareholder(s) and their identifying	
	5 ()
Controlling shareholder	Identifying number
c If the transferor was a member of an affiliated group corporation?	filing a consolidated return, was it the parent
If not, list the name and employer identification number (El	N) of the parent corporation.
Name of parent corporation	EIN of parent corporation
d Have basis adjustments under section 367(a)(4) been mad	e?
complete questions 3a through 3d.	the actual transferor (but is not treated as such under section 367
a List the name and EIN of the transferor's partnership.	
Name of partnership	EIN of partnership
COMMONFUND CAPITAL SECONDARY PARTNERS II, LP	82-3170994
b Did the partner pick up its pro rata share of gain on the tra	
c Is the partner disposing of its entire interest in the partner	
d Is the partner disposing of an interest in a limited partner	-
securities market?	
Part II Transferee Foreign Corporation Information	(see instructions)
4 Name of transferee (foreign corporation)	5a Identifying number, if any
AF III TOPCO AS	N/A
6 Address (including country)	5b Reference ID number (see instructions)
JUVHOLMEN ALLE 19, NO-0252, OSLO, NORWAY	AFIIITOPCOAS
7 Country code of country of incorporation or organization (s	-
	DRWAY
8 Foreign law characterization (see instructions)	
9 Is the transferee foreign corporation a controlled foreign co	orporation?

Form 926 (Rev. 11-201	8)				Page 2
Part III Infor	mation Regarding 1	Fransfer of Property	(see instructions)		
Section A-Cas	sh				
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash					

Section B-Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities	03/23/2020	STOCK & SECURITIES	40.00	72.00	
securics					
Inventory					
Other property (not listed under					
another category)					
, , , , , , , , , , , , , , , , , , ,					
					Y
Due a suto conitita					
Property with - built-in loss					
Totals					

11	Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?
12a	Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation?
b	Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.
С	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation?
d 13	Enter the transferred loss amount included in gross income as required under section 91 ► \$

Section C-Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer (see instructions)
Droparty described						
Property described in sec. 367(d)(4)						
Totals						

Form 926 (Rev. 11-2018)

	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?		
С	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property?		
d	to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section $1.367(d)-1(c)(3)(ii) \triangleright $		
15	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section $1.482-7(c)(1)$?	Yes	✓ No
Supp	blemental Part III Information Required To Be Reported (see instructions)		
Daut			
Part	Additional Information Regarding Transfer of Property (see instructions)		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
16			
4 -	(a) Before <u>NONE</u> % (b) After <u>.00005671</u> % Type of nonrecognition transaction (see instructions) ► IRC SECTION 351		
17 18	Indicate whether any transfer reported in Part III is subject to any of the following.		
a	Gain recognition under section 904(f)(3)		
b	Gain recognition under section 904(f)(5)(F)		
c	Recapture under section 1503(d) . <t< th=""><th></th><th></th></t<>		
d	Exchange gain under section 987		
19 19	Did this transfer result from a change in entity classification?		
20a	Did a domestic corporation make a distribution of property covered by section 367(e)(2)? See instructions .		
200	If "Yes," complete lines 20b and 20c.		
b	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) > \$		
c	Did the domestic corporation not recognize gain or loss on the distribution of property because the		
U	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?		V No
21	Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation	_ 163	
	covered by section 367(e)(1)? See instructions	☐ Yes	✓ No

Form 926 (Rev. 11-2018)

Form 926
(Rev. November 2018)
Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

Go to www.irs.gov/Form926 for instructions and the latest information.
 Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment	
Sequence No.	128

	5. Transferor Information (see instructions)		
Name of transferor			Identifying number (see instructions)
UNIVERSITY OF N		a that is not a southed look four	34-0714687
	nsferee a specified 10%-owned foreign corporations for a specified 10%-owned for a specified a specified specified and the specified specified and the specified specified specified and the specified specifi		
	nsfer was a section 361(a) or (b) transfer, was th	•	r section 368(c)) by
	ver domestic corporations?		
	ansferor remain in existence after the transfer?		
lf not, list	the controlling shareholder(s) and their identifying	number(s).	
	Controlling shareholder	Ide	ntifying number
c If the tra	nsferor was a member of an affiliated group on?	filing a consolidated return,	was it the parent
lf not. list	the name and employer identification number (EII	N) of the parent corporation.	
- , -			
	Name of parent corporation	EIN of	parent corporation
d Have bas	is adjustments under section 367(a)(4) been made	?	Yes No
3 If the trar	nsferor was a partner in a partnership that was t	he actual transferor (but is n	ot treated as such under section 367
	questions 3a through 3d.		
a List the n	ame and EIN of the transferor's partnership.		
	Name of partnership	EIN	l of partnership
	CAPITAL SECONDARY PARTNERS II, LP		02 2170004
	artner pick up its pro rata share of gain on the trar	sfer of partnership assets?	82-3170994 Yes √ No
	ther disposing of its entire interest in the partners		
-	rtner disposing of an interest in a limited partner	-	
	market?		
Part II Tra	nsferee Foreign Corporation Information (see instructions)	
4 Name of	transferee (foreign corporation)		5a Identifying number, if any
MONT BLANC BR	ANDS HOLDINGS S.A.R.L.		N/A
6 Address ((including country)		5b Reference ID number (see instructions)
<u>B, RUE LOU HEMI</u>	MER, L-1748 SENNINGERBERG, LUXEMBOURG		MONTBLANC
7 Country of	code of country of incorporation or organization (s		
0 5		IBOURG	
•	aw characterization (see instructions)		
CORPORATION 9 Is the trar	nsferee foreign corporation a controlled foreign co	rporation?	· · · · · · · □ Yes ☑ No

Form 926 (Rev. 11-2018) Page 2					
Part III Inform	mation Regarding	Transfer of Property	(see instructions)		
Section A-Cas	h				
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash					

Section B-Other Prope	rty (other than intan	aible property sub	ject to section 367(d))
		gible property oub	

		interingible property et		<i></i>	
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and					
securities					
Inventory					
	VARIOUS	LOAN/ACCRUED INT	15.00	10.00	5.00
Other property (not listed under					
another category)					
0,,,					
Property with built-in loss					
Totals					

11	Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?
12a	Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation?
b	Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.
С	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation?
d 13	Enter the transferred loss amount included in gross income as required under section 91 ► \$

Section C — Intangit	ole Property Subject	to Section 367(d)
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Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer (see instructions)
Property described in sec. 367(d)(4)						
Totals						

Form 926 (Rev. 11-2018)

14a			
	reasonably anticipated to exceed 20 years?		
b		_ Yes	✓ NO
С	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property?	_ Yes	✓ No
d	to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$		
15	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	_ Yes	✓ No
Supp	plemental Part III Information Required To Be Reported (see instructions)		
Devit			
Part	Additional Information Regarding Transfer of Property (see instructions)		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
16	(a) Before .00003234 % (b) After .00003082 %		
47	Type of nonrecognition transaction (see instructions) ► IRC SECTION 351		
17 18	Indicate whether any transfer reported in Part III is subject to any of the following.		
a			
b			
c			
d			
19 19	Did this transfer result from a change in entity classification?		
20a			
200	If "Yes," complete lines 20b and 20c.		
b			
c			
U	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? [Yee	√ No
21	Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation	_ 103	
~ '	covered by section 367(e)(1)? See instructions	Yes	✓ No

. **Yes ⊻ No** Form **926** (Rev. 11-2018)