Form 8879-TE	IRS	S <i>e-file</i> Signature Authorization for a Tax Exempt Entity		OMB No. 1545-0047
	For calendar year 2022, o	r fiscal year beginning $07/01/2022$ and ending 06	/30/2023	2022
Department of the Treasury Internal Revenue Service	Go	Do not send to the IRS. Keep for your records. to www.irs.gov/Form8879TE for the latest information.		
Name of filer			EIN or SSN	
UNIVERSITY OF Name and title of officer or p			34-071	14687
	DLESTON, SENI	OR VD & CFO		
	eturn and Return Infor			
CP and Form 5330 filers 5a, 6a, 7a, 8a, 9a, or 10 5b, 6b, 7b, 8b, 9b, or	may enter dollars and ce ba below, and the amount 10b, whichever is applic not complete more than one ere X b T	otal revenue, if any (Form 990, Part VIII, column (A), line 12	check the box o s blank, then leav on the return, f	n line 1a, 2a, 3a, 4a, /e line 1b, 2b, 3b, 4b, then enter -0- on the
2a Form 990-EZ chec		otal revenue, if any (Form 990-EZ, line 9)		
3a Form 1120-POL c		otal tax (Form 1120-POL, line 22)	_	
4a Form 990-PF chec		ax based on investment income (Form 990-PF, Part V, line	-	
5a Form 8868 check 6a Form 990-T check		alance due (Form 8868, line 3c)		
7a Form 4720 check		otal tax (Form 4720, Part III, line 1)		
8a Form 5227 check		MV of assets at end of tax year (Form 5227, Item D).	_	
9a Form 5330 check		ax due (Form 5330, Part II, line 19)		
10a Form 8038-CP che		mount of credit payment requested (Form 8038-CP, Part II	l, line 22) .10b	
Part II Declaratio		an officer of the above entity or I am a person subject		
complete. I further declar intermediate service prov acknowledgement of rece the date of any refund. If (direct debit) entry to the return, and the financial i 1-888-353-4537 no later processing of the electror the payment. I have selec electronic funds withdraw PIN: check one box only X I authorize on the tax year agency(ies) regul return's disclosure As an officer or filed return. If I h of the IRS Fed/Sta	e that the amount in Part I der, transmitter, or electron ipt or reason for rejection of applicable, I authorize the I financial institution accoun- nstitution to debit the entry than 2 business days prior ic payment of taxes to rece ted a personal identification al. <u>FORVIS, LLP</u> ERO firm narr 2022 electronically filed re ating charities as part of consent screen. person subject to tax with ave indicated within this re at program, I will enter my	and statements, and, to the best of my knowledge and belia above is the amount shown on the copy of the electronic ret nic return originator (ERO) to send the return to the IRS and to it the transmission, (b) the reason for any delay in processing U.S. Treasury and its designated Financial Agent to initiate a trindicated in the tax preparation software for payment of the to this account. To revoke a payment, I must contact the U.S to the payment (settlement) date. I also authorize the financial ave confidential information necessary to answer inquiries ar in number (PIN) as my signature for the electronic return and the IRS Fed/State program, I also authorize the aforem respect to the entity, I will enter my PIN as my signate eturn that a copy of the return is being filed with a state PIN on the return's disclosure consent screen.	urn. I consent to al o receive from the g the return or refurn n electronic funds le federal taxes own S. Treasury Financ cial institutions invo nd resolve issues re- ding institutions invo d resolve issues re- fi applicable, the <u>6 8 2 5</u> Enter five numbers do not enter all ze of the return is b lentioned ERO to ure on the tax ye	orrect, and low my IRS (a) an nd, and (c) withdrawal ed on this ial Agent at Jived in the elated to consent to 2 as my signature s, but eros eing filed with a state enter my PIN on the ear 2022 electronically
Signature of officer or person	subject to tax on and Authentication	Date		
	ur six-digit electronic filing			
	y your five-digit self-selected		16	
•	m in accordance with th	which is my signature on the 2022 electronically filed e requirements of Pub. 4163 , Modernized e-File (MeF		
ERO's signature		Date		
		Must Retain This Form - See Instructions		
		t This Form to the IRS Unless Requested To D		- 0070 TE
For Privacy Act and Pap JSA 2X3008 2.000	erwork Reduction Act Notic	e, see dack of form.		Form 8879-TE (2022)

31619H D320 02/19/2024 13:03:00 V22-7.11 63126 TX1000

JSA 2X3008 2.000

IRS *e-file* Signature Authorization

OMB No. 1545-0047

	for a lax E	:xem		
000	ar field waar beginning	07/0	1/2022	م م ان م م

For calendar year 2022, or fiscal year beginning $\frac{07/01/2022}{2023}$ and ending $\frac{06/30/2023}{2023}$

DM22

Department of the Treasury		RS. Keep for your records.		
Internal Revenue Service Name of filer	Go to www.irs.gov/Formaa	797E for the latest information.	EIN or SSN	
UNIVERSITY OF	MOINT INTON		34-0714	1697
Name and title of officer or pe				1007
PATRICK D HEL	DLESTON, SENIOR VP & CFO			
	turn and Return Information			
	eturn for which you are using this Form 8879-T	E and enter the applicable amoun	It, if any, from the	e return. Form 8038-
CP and Form 5330 filers	may enter dollars and cents. For all other form	s, enter whole dollars only. If you	check the box on	line 1a, 2a, 3a, 4a,
5a, 6a, 7a, 8a, 9a, or 10	a below, and the amount on that line for the re	turn being filed with this form was	blank, then leave	line 1b, 2b, 3b, 4b,
	10b, whichever is applicable, blank (do not e	enter -0-). But, if you entered -0-	on the return, the	en enter -0- on the
applicable line below. Do	not complete more than one line in Part I.			
1a Form 990 check h	ere b Total revenue, if any (Fo	orm 990, Part VIII, column (A), line 12)) 1b	
2a Form 990-EZ chec		rm 990-EZ, line 9)	2b	
3a Form 1120-POL cl		DL, line 22)		
4a Form 990-PF chec		nt income (Form 990-PF, Part V, line 5	·	
5a Form 8868 check		3, line 3c)		
6a Form 990-T check		art III, line 4)		15,321.
7a Form 4720 check		art III, line 1)		
8a Form 5227 check		tax year (Form 5227, Item D)		
9a Form 5330 check		rt II, line 19)		
10a Form 8038-CP che Part II Declaratio	n and Signature Authorization of Office	ent requested (Form 8038-CP, Part III, r or Person Subject to Tax	, line 22) . 100	
	, I declare that X I am an officer of the above		t to tax with respect	t to (name
of entity)			e examined a copy	
• •	accompanying schedules and statements, and, i			
complete. I further declar	e that the amount in Part I above is the amount sh	nown on the copy of the electronic retu	urn. I consent to allow	w my
	der, transmitter, or electronic return originator (ER			
	pt or reason for rejection of the transmission, (b) th applicable, I authorize the U.S. Treasury and its d			
	inancial institution account indicated in the tax pr			
	stitution to debit the entry to this account. To rev			
	han 2 business days prior to the payment (settlen ic payment of taxes to receive confidential inform			
the payment. I have select	ted a personal identification number (PIN) as my			
electronic funds withdraw	al.			
PIN: check one box only				-
X I authorize		to enter my PIN		2 as my signature
	ERO firm name		Enter five numbers, I do not enter all zero	
	2022 electronically filed return. If I have indicate			
agency(ies) regul return's disclosure	ating charities as part of the IRS Fed/State pro	gram, I also authorize the aforem	entioned ERO to e	nter my PIN on the
	person subject to tax with respect to the entity,		•	•
	ave indicated within this return that a copy of th te program, I will enter my PIN on the return's disc	•	agency(les) regula	ling chanties as part
Signature of officer or person		Date		
i	on and Authentication	Dale		
	ur six-digit electronic filing identification			
•	your five-digit self-selected PIN.	3 5 0 2 7 4 4 4 0 3	16	
		Do not enter all zeros	<u>+ </u>	
L certify that the above	numeric entry is my PIN, which is my signature	on the 2022 electronically filed r	eturn indicated ab	ove I confirm that I
	n in accordance with the requirements of Pu			
Providers for Business Ret	•	,		
ERO's signature		Date		
		Form - See Instructions		
	Do Not Submit This Form to the			
For Privacy Act and Pape	erwork Reduction Act Notice, see back of form.		Fc	orm 8879-TE (2022)

Form **990**

Activities & Governance

Revenue

1

1

1

1

1

1

1

1

1

Expenses 1

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue

Open to Public

322,392,514.

299,534,204.

22,858,310.

OMB No. 1545-0047

Internal Revenue Service				Go to ww	w.irs.gov/Fo	rm99	0 for ins	ructions and	the l	atest inforn	nation.		Inspe	ction
Α	For the 2022 cal	endar y	year, or tax ye	ear beginnin	g	07/	01/20	22 and e	nding			06/30/	2023	
_		C Nam	ne of organizatio	n								D Employer ident	ification r	number
в	Check if applicable:	UNIV	VERSITY C	F MOUNT	UNION									
	Address change	Doin	g business as									34-071468	7	
	Name change	Num	nber and street	(or P.O. box if	mail is not deliv	vered t	o street ad	dress)		Room/su	uite	E Telephone num	ber	
	Initial return	1972	2 CLARK A	VE								(330)823	-6572	
	Final return/terminated	City	or town, state of	or province, co	ountry, and ZIP	or fore	ign postal	code				G Gross receipts	;	
	Amended return	ALLI	ANCE, OH	44601								126	,483,3	380.
	Application pending	F Nam	ne and address	of principal off	icer: PATR	ICK	D HEI	DLESTON				s a group return for rdinates?	Yes	XN
	-	1972	2 CLARK A	VE, ALL	IANCE, O	н 4	4601					all subordinates included?	Yes	
I	Tax-exempt status:	X	501(c)(3)	501(c) (() (ir	nsert r	no.)	4947(a)(1) or		527	If	"No," attach a list. See	instruction	s.
J	Website: WV	W.MC	UNTUNION	.EDU					·		H(c) Grou	up exemption number		
κ	Form of organization	on: X	Corporation	Trust	Association		Other		L	Year of forma	tion: 184	6 M State of lega	al domicile	: OH
Ρ	art I Summ	nary										•		
	1 Briefly des	scribe t	the organization	on's mission	or most signi	fican	t activities	: WITH 5	54 U	NDERGRA	D MAJO	ORS AND 60	MINOR	S
e	TO CHC	OSE	FROM, AS	WELL AS	S MASTER	'S i	AND DO	CTORAL I	PROG	RAMS,				
Ē														

	UNIVERSITY OF MOUNT UNION OFFERS A WIDE ARRAY OF ACADEMIC	COURSES.		
2	Check this box if the organization discontinued its operations or disposed of mo	ore than 25% of	its net	assets.
3	Number of voting members of the governing body (Part VI, line 1a)		3	35
4	Number of independent voting members of the governing body (Part VI, line 1b)		4	35
5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	1,537
6	Total number of volunteers (estimate if necessary)		6	213
7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	82,683.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	72,958.
		Prior Year		Current Year
8	Contributions and grants (Part VIII, line 1h)	18,667,22	L0.	4,808,929.
9	Program service revenue (Part VIII, line 2g)	81,703,64	18.	84,174,457.
0	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,632,44	41.	5,369,380.
1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	39,3	26.	32,129.
2	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	109,042,62	25.	94,384,895.
3	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	32,862,38	35.	34,262,367.
4	Benefits paid to or for members (Part IX, column (A), line 4)	N	ONE	NONE
5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	34,877,42	L6.	35,749,338.
6 a	Professional fundraising fees (Part IX, column (A), line 11e)	15,7	50.	16,538.
b	Total fundraising expenses (Part IX, column (D), line 25)1,765,766.			
7	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	26,998,39	97.	26,591,758.
B	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	94,753,94	18.	96,620,001.
9	Revenue less expenses. Subtract line 18 from line 12	14,288,6	77.	-2,235,106.
		Beginning of Current '	Year	End of Year

Assets or d Balances 20 Total assets (Part X, line 16) Total liabilities (Part X, line 26) 21 Fund P 22 Net assets or fund balances. Subtract line 21 from line 20

Signature Block Part II

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of office	۲						Date					
	Type or print nam	e and title											
D-14	Print/Type preparer's name			Preparer's signature	Preparer's signature Date			Check	if	PTIN			
Paid Preparer	LAUREN R DENTON			LAUREN R DENTON	LAUREN R DENTON 02/19/202				24 self-employed P015			01571860	
Use Only	Firm's name	FORVIS,	LLP				Firm'	s EIN	4	4-01	60260		
	Firm's address	111 E.	WAYNE ST.,	SUITE 600 FORT WAYNE, IN 46802			Phon	e no.	2	60-4	60-40	00	
May the	IRS discuss th	is return with	n the prepa	rer shown above? See instruction	IS					. X	Yes		No
For Paper	For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)												

For Paperwork Reduction Act Notice, see the separate instructions.

316,310,745

25,364,171

290,946,574.

UNIVERSITY	OF	MOUNT	UNION	

	UNIVERSITY OF MOUNT UNION	34-0714687
) (2022)	Page
Part I		.
Drie	Check if Schedule O contains a response or note to any line in this Part III	X
	SCHEDULE O	
SEL	SCHEDULE O	
Did	the organization undertake any significant program services during the year which were not list	ed on the
prio	r Form 990 or 990-EZ? ′es," describe these new services on Schedule O.	Yes <u></u> N
	the organization cease conducting, or make significant changes in how it conducts, any	program
		Yes X
	′es," describe these changes on Schedule O. scribe the organization's program service accomplishments for each of its three largest progr	am services, as measured
	enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of gra	
the	total expenses, and revenue, if any, for each program service reported.	
а (Со тт	de:) (Expenses \$including grants of \$34,262,367,) (Revenue \$ HE LARGEST PROGRAM SERVICE IS UNDERGRADUATE AND GRADUATE	71,031,501.
	DUCATION BACHELOR'S DEGREES IN ARTS, MUSIC, MUSIC EDUCATION AND	
	CIENCE ARE OFFERED. THERE ARE 54 UNDERGRADUATE MAJORS INCLUDING	
	JSINESS ADMINISTRATION, EDUCATION AND SPORTS BUSINESS. MASTER'S	
DI	GREES IN PHYSICIAN ASSISTANT STUDIES AND EDUCATIONAL LEADERSHIP	
	S WELL AS DOCTORATE IN PHYSICAL THERAPY ARE ALL OFFERED. THE	
_T(DTAL ENROLLMENT FOR FALL 2022 WAS 2,128 STUDENTS.	
) (Co	de:) (Expenses \$ 9,746,483, including grants of \$) (Revenue \$	12,714,007.)
•	JXILIARY SERVICES IS ONE OF THE LARGEST PROGRAM SERVICES WHICH	/
-	ICLUDES HOUSING STUDENTS AND PROVIDING CONTRACTED FOOD SERVICES.	
		A A A A A A A A A A A A A A A A A A A
	de:) (Expenses \$4,900,427. including grants of \$) (Revenue \$	428,949.)
SEE	SCHEDULE O	
	er program services (Describe on Schedule O.)	
	penses \$ including grants of \$) (Revenue \$)
• Tota	al program service expenses 86,811,107.	
1020 1.	000 31619H D320 02/19/2024 13:03:00 V22-7.11 63126 TX1000	Form 990 (20 6
-	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	U U

Form 990 (2022)

Page **3**

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	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		X
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		X
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		X
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		37
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		v
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	8		Х
9	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		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10	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,		Λ	
	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,"			
u	complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
-	of its total assets reported in Part X, line 16? 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	
	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		х
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	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? 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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			Í
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			ĺ
	If "Yes," complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		ļ
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			Í
10.4	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
JSA 2E1021	1.000	Form	990	(2022)

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Form **990** (2022)

Form 990 (2022)

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Part	V Checklist of Required Schedules (continued)			0
			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	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
	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		х
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		Х
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		Х
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
_	"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	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? <i>If</i> "Yes," <i>complete Schedule M</i>	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			37
24	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	31		Х
32	complete Schedule N, Part II.	32		v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		Х
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			21
•	or IV, and Part V, line 1	34	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			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 1b NONE			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	10	v	
JSA	reportable gaming (gambling) winnings to prize winners?	form	X 990	(2022)
2E1030	2.000			、)

Form	990 (2022)		F	Page 5
Par	t 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 1,537			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	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		X
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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	•		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11				
	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)			
40-		12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes " enter the amount of tax-exempt interest received or accrued during the year 12b	120		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers.			
13	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.			
h	Enter the amount of reserves the organization is required to maintain by the states in which			
0	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	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		х
	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		Х
-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person 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.			

Form 9	90 (2022	2) UNIVERSITY OF MOUNT UNION	34-0714	687	F	Page 6
Part	VI	Governance, Management, and Disclosure. For each "Yes" response to lines 2 thro	ugh 7b below,	and	for a	"No"
		response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes of				tions.
		Check if Schedule O contains a response or note to any line in this Part VI	<u></u>			Х
Sect	ion A.	Governing Body and Management				
					Yes	No
1a		are number of voting members of the governing body at the end of the tax year 1	1a 35			
	If ther	e are material differences in voting rights among members of the governing body, or				
	comm	governing body delegated broad authority to an executive committee or similar ittee, explain on Schedule O.				
b		the number of voting members included on line 1a, above, who are independent \ldots $_$	1b 35			
2	Did ar	ny officer, director, trustee, or key employee have a family relationship or a business rela	tionship with			
		her officer, director, trustee, or key employee?.		2		X
3	Did th	e organization delegate control over management duties customarily performed by or und	ler the direct	_		
		rision of officers, directors, trustees, or key employees to a management company or other pe		3		X
4		organization make any significant changes to its governing documents since the prior Form 990 was file		4		X
5		e organization become aware during the year of a significant diversion of the organization's as	sets?	5		X
6		e organization have members or stockholders?		6		X
7a		e organization have members, stockholders, or other persons who had the power to ele		7-		37
		more members of the governing body?		7a		X
b		ny governance decisions of the organization reserved to (or subject to approval b		7b		x
•		olders, or persons other than the governing body?		10		
8		e organization contemporaneously document the meetings held or written actions under	taken during			
-	-	ar by the following:		8a	Х	
a L	The go	overning body?		8b	X	
9		e any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot b		•••		
3		ganization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		х
Secti		Policies (This Section B requests information about policies not required by the Inter		Code	.)	
					Yes	No
10a	Did the	e organization have local chapters, branches, or affiliates?		10a		Х
		," did the organization have written policies and procedures governing the activities of su				
		es, and branches to ensure their operations are consistent with the organization's exempt pur		10b		
11a		organization provided a complete copy of this Form 990 to all members of its governing body before filir		11a	Х	
b		be on Schedule O the process, if any, used by the organization to review this Form 990.	0			
12a		e organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were	officers, directors, or trustees, and key employees required to disclose annually interests th	at could give			
	rise to	conflicts?		12b	Х	
С		e organization regularly and consistently monitor and enforce compliance with the pol	licy? If "Yes,"			
		be on Schedule O how this was done		12c	Х	
13		e organization have a written whistleblower policy?		13	Х	
14		e organization have a written document retention and destruction policy?		14	Х	
15		e process for determining compensation of the following persons include a review and				
	•	endent persons, comparability data, and contemporaneous substantiation of the deliberation a		45-	37	
а		ganization's CEO, Executive Director, or top management official		15a 15b	X X	
b		officers or key employees of the organization	• • • • • • • •	150	Λ	
40.		" 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	-	16a		х
L		taxable entity during the year?		Tou		- 21
D		pation in joint venture arrangements under applicable federal tax law, and take steps to s				
		zation's exempt status with respect to such arrangements?		16b		
Secti		Disclosure				
17		e states with which a copy of this Form 990 is required to be filedCO, 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)
		ily) available for public inspection. Indicate how you made these available. Check all that appl		,500		5 (0)
		Dwn website 🔲 Another's website 🕱 Upon request 🗌 Other (explain on Scho	-			
19	Descri	be on Schedule O whether (and if so, how) the organization made its governing docume	,	f inte	est n	olicv
-		ancial statements available to the public during the tax year.	,		· r	,
20		the name, address, and telephone number of the person who possesses the organization's bo	ooks and record	S		
		ICK D HEDDLESTON 1972 CLARK AVE ALLIANCE, OH 44601				
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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, box 6 of 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

				(C)					
(A)	(B)		P	osition			(D)	(E)	(F)
Name and title	Average	`			e than o		Reportable	Reportable	Estimated amount
	hours	· ·			is both tor/trust		compensation from the	compensation	of other
	per week (list any						organization (W-2/	from related organizations (W-2/	compensation from the
	hours for	Individual trustee or director	Institutional trustee	Key employee	-ligh	Former	1099-MISC/	1099-MISC/	organization and
	related	/idua	tutio	emp	est loye	ler	1099-NEC)	1099-NEC)	related organizations
	organizations below	or tr	nal	loye	eom				
	dotted line)	Istee	trust	õ	реп				
		Ű	iee		Highest compensated employee				
					E E		r		
(1) GREGORY KING	40.00								
VP, ADVANCMENT/ENROLLMENT	NONE		X				244,821.	NONE	30,615.
(2) DR. THOMAS J. BOTZMAN	40.00								
FORMER PRESIDENT (LEFT 6/22)	NONE			P*		Х	201,352.	NONE	71,333.
(3) PATRICK HEDDLESTON	40.00								
SENIOR VP & CFO	NONE		Х				194,904.	NONE	32,349.
(4) ROBERT GERVASI	40.00								
INTERIM PRESIDENT	NONE		Х				195,522.	NONE	12,818.
(5) JEFFREY BREESE	40.00								
PROVOST/VP FOR ACADEMIC AFFAIR	NONE		Х	:			168,912.	NONE	12,640.
(6) SANDRA MADAR	40.00								
INTERIM VPAA/DEAN CNHS	NONE		Х	:			159,620.	NONE	19,196.
(7) JOHN FRAZIER	40.00								
VP FOR STUDENT AFFAIRS	NONE		Х	:			160,688.	NONE	17,096.
(8) KRISTINE STILL	40.00								
DEAN, APPLIED/SOCIAL STUDIES	NONE				X		139,886.	NONE	20,249.
(9) TIMOTHY MEYERS	40.00								
CHAIR OF NURSING PROGRAM	NONE				X		137,012.	NONE	16,235.
(10) BETSY EKEY	40.00								
PROFESSOR, PHYSICIAN ASSISTANT	NONE				Х		135,910.	NONE	13,825.
(11) SHERYL HOLT	40.00								
DIRECTOR, PHYSICAL THERAPY	NONE				X		131,125.	NONE	13,516.
(12) RONALD CROWL	40.00								
DIRECTOR OF SPECIAL PROJECTS	NONE				X		124,075.	NONE	12,648.
(13) BRYAN BOATRIGHT	40.00								
INTERIM VPAA/REGISTRAR	NONE		Х	:			112,309.	NONE	16,290.
(14) MELISSA GARDNER	40.00								
VP FOR MARKETING	NONE		X				104,343.	NONE	15,218.
									Form 990 (2022)

Form **990** (2022)

	UNIVERS	SITY OF M	IOUNI	נט ז	NIC	N				34-07146	87	_	•
Form 990 (2022) Part VII Section	A. Officers, Directors, T	rustees Ke	v Fn	nnlo	vee	95	and H	lia	hest Compensat	ed Employees (co	ontinue		age 8
	(A)	(B)	/y ===	ipic		C)		ngi	(D)	(E)	Jinniue	(F)	
Na	ame and title	Average hours per week (list any hours for	box,	unles	Pos heck ss pe	ition mor erson	e than c is both cor/trust	an	Reportable compensation from	Reportable compensation from related	am (timated ount of other pensatior	n
		related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fro orga and	om the anization I related Inizations	I
15) DR. APRIL	C. MASON	1.00											
TRUSTEE		NONE	X						NONE	NONE		N	JONI
16) DR. BRADLE TRUSTEE	IY_DCARMAN	<u>1.00</u> NONE	x						NONE	NONE		N	JONE
17) MR. CHAD V TRUSTEE	/. JOHNSON	<u>1.00</u> NONE	x						NONE	NONE		N	JONI
18) MR. DANIEI TRUSTEE	KELLER	1.00 NONE	x						NONIE	NONE			
				-					NONE	NONE		IN	JON
19) MR. EDWARD TRUSTEE		<u>1.00</u> NONE	x						NONE	NONE		N	JON
20) MR. FLINT TRUSTEE	J. BRENTON	<u>1.00</u> NONE	x						NONE	NONE		N	JON
21) MR. GERARI TRUSTEE	D P. MASTROIANNI	<u>1.00</u> NONE	x						NONE	NONE		N	JON
22) MISS GRETO TRUSTEE	CHEN L. SCHULER	<u>1.00</u> NONE	x						NONE	NONE		N	JONI
23) MS. HEIDI TRUSTEE	K. BARTHOLOMEW	1.00 NONE	x						NONE	NONE		N	JON
24) MRS. J. LY TRSUTEE		1.00 NONE	x		K				NONE	NONE		N	JON
25) MR. JAMES TRSUTEE	E. COSTANZO	1.00 NONE	x						NONE	NONE		N	JON
1b Sub-total									2,210,479.	NONE	1	304,0	28
	nuation sheets to Part VII,							►	NONE				JON
d Total (add lines	1b and 1c)	<u></u>	<u></u>						2,210,479.	NONE		304,0	28
	individuals (including but no ensation from the organization		hose	liste	d al		e) who 32	o re	ceived more than	\$100,000 of			
												Yes	No
3 Did the organiz	zation list any former off a 1a? If "Yes," complete Sche	icer, directo	or, or ch inc	• tru <i>lividi</i>	uste ual	e,	key e	emp	loyee, or highes	t compensated	3		
4 For any individu organization an	al listed on line 1a, is the d related organizations g	sum of rep preater than	oortab \$15	ole c 50,0	com 00?	per ////////////////////////////////////	isatio <i>"Ye</i> s	n ai s," (nd other compens complete Schedu	sation from the <i>le J for such</i>	4		
5 Did any person	listed on line 1a receive o	r accrue co	mpen	sati	on 1	fron	n any	un	related organization	on or individual			
		res, comple	ie SCI	ieal	ile J	i ior	such	per	5011		Э		
	ered to the organization? If "										5		

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

	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►	e listed above) who received	

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Part VI	Section A. Officers, Directors, T	rustees. Ke	v Em	olar	vee	es.	and H	lia	hest Compensat	ed Employees (c	ontinue	ed)	
	(A) Name and title	(B) Average hours per week (list any hours for	(do r box, office	not ch unles	(C Posi neck is per ladi	;) ition more	e than c is both or/trust	one an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	Es an	(F) stimated nount of other pensati	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)	fr org an	om the anizatio d related anization	on d
26) MF TRUSTE	R. JAMES P. EISMON	<u>1.00</u> NONE	x						NONE	NONE			NOI
27) MF TRUSTE	RS. JANICE SANDERS	<u>1.00</u> NONE	x						NONE	NONE			NO
28) MF TRUSTE	RS. JENNIFER SLACK	1.00 NONE	x						NONE	NONE			NO
	R. JOEL L. SASSA	1.00 NONE	x						NONE	NONE			NO
30) MF TRUSTE	. JOHN J. FLYNN E	<u>1.00</u> NONE	x						NONE	NONE			NC
31) MS FRUSTE	5. LEE ANN THORN E	1.00 NONE	x						NONE	NONE			NC
TRUSTE		<u>1.00</u> NONE	x						NONE	NONE			NC
33) MF BOARD	R. MATTHEW G. DARRAH CHAIR	1.00 NONE	x						NONE	NONE			NC
34) MS TRUSTE	S. MEI-LIN KHOO E	<u>1.00</u> NONE	X						NONE	NONE			NC
35)_MF TRUSTE	R. W. MICHAEL JARRETT	1.00 NONE	x						NONE	NONE			NC
36) MF TRUSTE	R. CLENDON THOMAS	1.00 NONE	X						NONE	NONE			NC
c Tota d Tota	total I from continuation sheets to Part VII, I (add lines 1b and 1c)		••••										
	number of individuals (including but no rtable compensation from the organizati		hose	listeo	d ab	000	e) who	o re	eceived more than	\$100,000 of		Vee	
	the organization list any former off oyee on line 1a? <i>If "Yes," complete Sche</i>										3	Yes	N
orga	any individual listed on line 1a, is the nization and related organizations g <i>idual</i>	reater than	\$15	60,00	00?	lf	"Yes	s," (complete Schedu	le J for such	4		
5 Dida	any person listed on line 1a receive o ervices rendered to the organization? If "	r accrue co	mpen	satic	on f	ron	n any	un	related organizatio	on or individual	5		
	B. Independent Contractors												
	plete this table for your five highest co pensation from the organization. Report												
	(A)								(B)		(C)		

	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►		

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Orm 990 (2022)										Page 8
Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	yee	es,	and I	Hig	hest Compensat	ed Employees (co	ontinued)
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos neck ss pe	erson	e than o is both cor/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
37) DR. RICHARD L. DRAKE	1.00									
VICE CHAIR - BOARD OF TRUSTEES	NONE	X						NONE	NONE	NON
38) MR. RICHARD MARABITO TRUSTEE	1.00 NONE	Х						NONE	NONE	NONI
39) MR. ROBERT CURRY	1.00_	37						NONT	NONT	NON
TRUSTEE	NONE 1 0.0	X						NONE	NONE	NON
40) MR. SCOTT R. GINDLESBERGER TRUSTEE	1.00_ NONE	х						NONE	NONE	NONI
41) MR. SEAN M. MOORE	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NON
42) MRS. SUZAN GORIS	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NON
43) DR. VICTOR J. BOSCHINI	1.00									
TRUSTEE	NONE	X						NONE	NONE	NON
44) MR. LAURENCE E. TALLEY	1.00	v						NONE	NONTE	NONT
TRUSTEE	NONE 1.00	X						NONE	NONE	NON
TRUSTEE	NONE	x						NONE	NONE	NON
46) NANCY HILL	1.00									
TRUSTEE	NONE	x						NONE	NONE	NON
47) ALLEN GREEN	1.00 NONE	x						NONE	NONE	NONI
	NONE	- 21						INCINE	NONE	1010
1b Sub-total c Total from continuation sheets to Part VII, S	ection A		• •	• •	• •					
d Total (add lines 1b and 1c)							•			
2 Total number of individuals (including but not reportable compensation from the organization	limited to t	nose	liste	d al	bov	e) who	o re	ceived more than	\$100,000 of	
										Yes No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched										3
 For any individual listed on line 1a, is the sorganization and related organizations grain individual. 	sum of rep eater than	ortab \$15	ole c 50,0	om 00?	iper P <i>If</i>	satio <i>"Yes</i>	n ai s,"	nd other compens complete Schedu	sation from the <i>le J for such</i>	4
5 Did any person listed on line 1a receive or	accrue co	mpen	sati	on t	fron	n any	un	related organization	on or individual	
for services rendered to the organization? If "Y	es," comple	te Scł	nedu	ile J	I for	such	per	son		5
Section B. Independent Contractors	noncoted :	adam		nt	007	tracto	ro t	hat received mean	than \$100 000 -4	:
 Complete this table for your five highest com compensation from the organization. Report of year. 										

	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►	e listed above) who received	

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Form 990 (2022) Part VII Section A. Officers, Directors, Tru	ustees. Ke	ev En	olar	vee	es. a	and H	lia	hest Compensat	ed Employe	es (co	Page 8 (ntinued)
(A) Name and title	(B) Average hours per week (list any hours for	(do i box,	not ch unles	(C Pos leck s pe a d	C) ition more rson	than of is both or/truste	ne an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	le 1 from	(F) Estimated amount of other compensation
	related organizations below dotted line)	0	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-N		from the organization and related organizations
48) MR. NICHOLAS WALKER TRUSTEE	1.00 NONE	x						NONE		NONE	NON
49) MR ROBERT NEWBOLD TRUSTEE	1.00 NONE	x						NONE		NONE	NON
		-									
	+										
		_									
			A								
 1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) 2 Total number of individuals (including but not reportable compensation from the organization) 	ection A limited to t		· · ·	:	·		 re 	ceived more than	\$100,000 of		
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched											Yes No 3 X
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	n \$15	50,00)0?	If	"Yes	,"	complete Schedu	le J for su	uch	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? <i>If "Y</i>	accrue co	mpen	satic	on f	from	any	un	related organization	on or individ	ual	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 add	lress							(B) Description of se	rvices	Co	(C) ompensation
2 Total number of independent contractors (in	acluding b	ut no	t lim	iter	d to	thos	e li	isted above) who	received		

8

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more than \$100,000 in compensation from the organization **>**

Form 990 (2022)

UNIVERSITY OF MOUNT UNION Part VIII Statement of Revenue

r

		Check if Schedule O contains a respon	se or note to ar	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
ω, ω	1a	Federated campaigns 1a					
anta	b	Membership dues					
Contributions, Gifts, Grants, and Other Similar Amounts	c	Fundraising events	411,610.				
ts,		Related organizations	111/0101				
ilar	d	Government grants (contributions) 1e	246,391.				
in,	e		210,551.				
r S	f	All other contributions, gifts, grants, and similar amounts not included above . 1f	4,150,928.				
the			4,130,920.				
<u>ē</u>	g	Noncash contributions included in	105 250				
Sor		lines 1a-1f		4 000 000			
<u> </u>	h	Total. Add lines 1a-1f		4,808,929.			
ð			Business Code	FA 050 050	E0.050.050		
<u>vic</u>	2a	STUDENT TUITION	611710	70,053,853.	70,053,853.		
Ser	b	DORMITORIES	611710	7,704,144.	7,704,144.		
Program Service Revenue	c	FOOD SERVICE	611710	4,719,982.	4,719,982.		
Sey	d	BOOK STORE SALES	451110	196,038.	196,038.		
õ	е	RENTAL/HOUSING	611710	49,667.	49,667.		
₽.	f	All other program service revenue	611710	1,450,773.	1,450,773.		
	g	Total. Add lines 2a-2f		84,174,457.			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)		3,877,621.	•	82,683.	3,794,938
	4	Income from investment of tax-exempt bond	proceeds .	NONE			
	5	Royalties		10,135.			10,135
		(i) Real	(ii) Personal				
	6a	Gross rents 6a 52,500.					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c 52,500.	NONE				
	d	Net rental income or (loss)		52,500.			52,500
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 33,559,738.					
Ð	b	Less: cost or other basis					
Revenue		and sales expenses 7b 32,067,979.					
eve	c	Gain or (loss) 7c 1,491,759.					
		Not goin or (loss)		1,491,759.			1,491,759
Other		Gross income from fundraising					
ð	04	events (not including \$1 , 610.					
		of contributions reported on line					
		1c). See Part IV, line 18	NONE				
	h	Less: direct expenses	30,506.				
	b c	Net income or (loss) from fundraising events		-30,506.			-30,506
		Gross income from gaming					
	9a	activities. See Part IV, line 19 9a	NONE				
			NONE				
	b	Less: direct expenses 9b Net income or (loss) from gaming activities		NONE			
	c	, ,	•••••	NONE			
	10a	Gross sales of inventory, less returns and allowances 10a	NONE				
			NONE				
	b c	Less: cost of goods sold		NONE			
			Business Code	NONE			
SNO			DUSITIESS CODE				
nec	11a						
ella ver	b						
Miscellaneous Revenue	c						
Ш	d	All other revenue					
	e	Total. Add lines 11a-11d		NONE			E 011 011
JSA	12	Total revenue. See instructions		94,384,895.	84,174,457.	82,683.	5,318,826

Form **990** (2022) 16

Part IX Statement of Functional Expense Section 501(c)(3) and 501(c)(4) organizations mu		s. All other organization	ons must complete colur	mn (A).
Check if Schedule O contains a resp				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations		·		
and domestic governments. See Part IV, line 21	NONE			
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	34,262,367.	34,262,367.		
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,	1 072 440	047 060	712 247	212 024
trustees, and key employees	1,973,449.	947,068.	713,347.	313,034
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			
7 Other salaries and wages	25,182,801.	22,449,394.	2,048,785.	684,622
	2,077,669.	1,748,951.	213,357.	115,361
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,077,009.	1,740,931.	213,337.	115,501
	4,641,449.	3,949,410.	616,014.	76,025
	1,873,970.	1,627,369.	173,284.	73,317
10 Payroll taxes	1,013,910.	1,021,305.	175,201.	,,,,,,,
a Management	NONE			
b Legal	690,437.	27,705.	662,732.	
c Accounting	123,525.		123,525.	
d Lobbying	NONE		110,0101	
e Professional fundraising services. See Part IV, line 17	16,538.			16,538
f Investment management fees	392,533.		392,533.	
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A), amount, list line 11g expenses on Schedule O.)	4,315,540.	3,761,031.	554,509.	
12 Advertising and promotion	315,692.	235,582.	54,058.	26,052
13 Office expenses	4,296,205.	3,852,025.	355,717.	88,463
14 Information technology	1,967,609.	1,651,608.	316,001.	
15 Royalties	NONE			
16 Occupancy	3,391,193.	2,650,602.	740,591.	
17 Travel	1,888,371.	1,750,542.	81,550.	56,279
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	741,305.	313,762.	283,713.	143,830
20 Interest	480,125.	362,702.	117,423.	
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	5,961,380.	5,708,756.	222,692.	29,932
23 Insurance	229,200.	229,200.		
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	332,528.	135,942.	120,749.	75,837
b EQUIPMENT	821,902.	796,126.	25,051.	725
c CATERING EXPENSE	214,734.	118,143.	44,772.	51,819
d COLLECTION EXPENSE	170,587.		170,587.	
e All other expenses	258,892.	232,822.	12,138.	13,932
25 Total functional expenses. Add lines 1 through 24e	96,620,001.	86,811,107.	8,043,128.	1,765,766
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)

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Form 990 (2022)

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	Check if Schedule O contains a response or note to any line in this Pa	art X		
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	4,569.	1	4,569
2	Savings and temporary cash investments.	34,093,537.	2	33,819,946
3	Pledges and grants receivable, net	992,806.	3	652,653
4	Accounts receivable, net	1,950,195.	4	2,101,549
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
2 7	Notes and loans receivable, net	946,407.	7	684,715
7 7 2000 8 0	Inventories for sale or use	75,730.	8	NON
ξ 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 252,161,478.			
	b Less: accumulated depreciation	139,548,398.	10c	136,414,202
11	Investments - publicly traded securitiesSEE_SCHEDULE_O	113,703,931.	11	122,563,533
12	Investments - other securities. See Part IV, line 11	14,179,026.		14,233,784
13	Investments - program-related. See Part IV, line 11	NONE		NON
14	Intangible assets	NONE		NOI
15	Other assets. See Part IV, line 11	10,816,146.		11,917,563
16	Total assets. Add lines 1 through 15 (must equal line 33)	316,310,745.		322,392,514
17	Accounts payable and accrued expenses	4,577,053.		4,007,496
18	Grants payable	NONE		NON
19	Deferred revenue	685,576.		233,878
20	Tax-exempt bond liabilities	15,675,160.		14,472,543
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		, , , , , , NOI
	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	22	NON
<u>ت</u> 23	Secured mortgages and notes payable to unrelated third parties	NONE		NOI
24	Unsecured notes and loans payable to unrelated third parties	500,000.		NOI
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	3,926,382.	25	4,144,393
26	Total liabilities. Add lines 17 through 25.	25,364,171.	26	22,858,310
-	Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.	20,001,272		
27	Net assets without donor restrictions	146,761,852.	27	142,694,162
28	Net assets with donor restrictions.	144,184,722.	28	156,840,042
27 28 29 30 31 32 32	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.	,.01,722.		130,010,012
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		29 30	
2 31	Retained earnings, endowment, accumulated income, or other funds			
τ 5 32	Total net assets or fund balances		31	
2 32		290,946,574.	32	299,534,204
- 33	Total liabilities and net assets/fund balances	316,310,745.	33	322,392,514 Form 990 (202

	UNIVERSITY OF MOUNT UNION	84-0714	687			
Form 99	00 (2022)	-			Pa	age 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					. X
1	Total revenue (must equal Part VIII, column (A), line 12)			94,3		
2	Total expenses (must equal Part IX, column (A), line 25)			96,6	520,	001
3	Revenue less expenses. Subtract line 2 from line 1			-2,2	235,	106
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	90,9	946,	574
5	Net unrealized gains (losses) on investments	5		10,0)24,	<u>593</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			798,	143
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part >	line				
	32, column (B))	10) 2	99,5	534,	204
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 "C	ther," expla	in on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent account			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year w	ere compil	ed 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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year we	ere audited	on a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis	asis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibilit	y for oversi	ght of			
	the audit, review, or compilation of its financial statements and selection of an independent a	accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax	x year, expla	in on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits a	as set forth	in the			
	Uniform Guidance 2 C F R Part 200, Subpart F2			3a	X	

 b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Х Form 990 (2022)

3b

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SCHE	DULE	ΞA
(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

Name of the organization

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

empt charitable trust. 2022 Open to Public Inspection Employer identification number 34-0714687 ee instructions.

OMB No. 1545-0047

UN	IVE	RSITY OF MOUNT UNIO						714687
Pa	rt I	Reason for Public Ch	arity Status. (All	organizations must	comple	ete this	part.) See instructio	ns.
The	e orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, cł	neck only	one box.)	
1		A church, convention of chi	urches, or associa	tion of churches desc	ribed in s	section 1	70(b)(1)(A)(i).	
2	X	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 medical research organiz	zation operated in	conjunction with a ho	spital de	scribed i	n section 170(b)(1)(A)(iii). Enter the
		hospital's name, city, and s	tate:					
5		An organization operated	for the benefit of	a college or universi	ty owne	d or ope	erated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	overnment or gove	rnmental unit describe	d in sec t	tion 170	(b)(1)(A)(v).	
7		An organization that norm	ally receives a sub	ostantial part of its su	ipport fr	om a go	vernmental unit or fr	om the general public
		described in section 170(b)	-		•••	•		. .
8		A community trust describe			e Part II.)			
9		An agricultural research or			-		d in conjunction with a	land-grant college
		or university or a non-land-	-				-	
		university:	0 0 0					Ū
10		An organization that norma	Illy receives (1) mo	ore than 331/3 % of its	support	from co	ntributions, membersh	nip fees, and gross
		receipts from activities rela support from gross investm	ited to its exempt f	unctions, subject to a	ertain e	xception	s; and (2) no more tha	n 331/3 % of its
		acquired by the organizatio	on after June 30. 1	975. See section 509	able inco (a)(2). ((ome (les complete	e Part III.)	Dusinesses
11		An organization organized				•		
12		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
		one or more publicly suppo						
		the box on lines 12a throug	-			-		
а		Type I. A supporting org	anization operated	. supervised. or contr	olled by	its supp	orted organization(s).	typically by giving
	_	the supported organization	•		~ ,		0 ().	
		supporting organization.				, ,		
b	, [Type II. A supporting org				n with its	supported organizat	ion(s). bv having
		control or management of						
		organization(s). You must				•		0 11
С	: [Type III functionally inte			ated in c	onnectio	n with. and functiona	llv integrated with.
	_	its supported organization						, <u>,</u>
d	ιΓ	Type III non-functionally		-				ted organization(s)
		that is not functionally inte			-			
		requirement (see instruct			-			
е		Check this box if the orga						II, Type III
	_	functionally integrated, or	*					
f	En	ter the number of supported	••			•		
g	Pro	ovide the following information	on about the suppo	orted organization(s).				
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	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		manualanaj
(
(A)								
(B)								
(C)								
(D)								
(E)								
Tot	al							

Page **2**

 Schedule A (Form 990) 2022
 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) 2018
 (b) 2019
 (c) 2020
 (d) 2021
 (e) 2022
 (f) Total

 1
 Gifts, grants, contributions, and membership fees received (Do not
 Image: Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">(Do not

1	Gifts, grants, contributions, and 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).						
$\frac{6}{2}$	Public support. Subtract line 5 from line 4						
	tion B. Total Support	() 0040	(1) 0040	() 0000	40,0004	() 0000	(0 T)
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the 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. (s					12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here,	<u></u>		d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2022 (li						%
15	Public support percentage from 2021						%
16a	331/3% support test - 2022. If the org						
	box and stop here. The organization qu						
b	331/3% support test - 2021. If the org	•			-		
	this box and stop here. The organization			-			
17a	10%-facts-and-circumstances test - 2		•				
	10% or more, and if the organization					-	•
	Part VI how the organization meets			-	-		
ь.	organization						
D	10%-facts-and-circumstances test - 2	-					
	15 is 10% or more, and if the organiz in Part VI how the organization meets						•
	•			•	•	• •	
18	organization . Private foundation. If the organizatio						
	instructions						
				<u></u>			A (Form 990) 2022
						ooncaule	

UNIVERSITY OF MOUNT UNION 34-0714687 Schedule A (Form 990) 2022 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.) Section A. Public Support (b) 2019 (c) 2020 (e) 2022 (f) Total Calendar year (or fiscal year beginning in) (a) 2018 (d) 2021 Gifts, grants, contributions, and membership fees 1 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 disgualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support (a) 2018 (f) Total (b) 2019 (c) 2020 (d) 2021 (e) 2022 Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business 11 activities not included on line 10b, whether or not the business is regularly carried on. 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, 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) 14 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) % 15 15 Public support percentage from 2021 Schedule A, Part III, line 15 16 16 % Section D. Computation of Investment Income Percentage Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) % 17 17 Investment income percentage from 2021 Schedule A, Part III, line 17 % 18 18 19a 331/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization ...

b 331/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. 20

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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.
- Did the organization have any supported organization that does not have an IRS determination of status 2 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below."
- 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.
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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).
- Did the organization make a loan to a disgualified person (as defined in section 4958) not described on line 8 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.
- Did one or more disgualified persons (as defined on line 9a) hold a controlling interest in any entity in which b 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.
- 10a 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) 2022

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2022

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons? a 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 11b
 - **b** A family member of a person described on line 11a above?
 - c 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.

Section 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. 1
- Did the organization operate for the benefit of any supported organization other than the supported 2 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

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 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? <i>If "No," explain in Part VI how</i>			
	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	a The organization satisfied the Activities Test. Complete line 2 below.				
b	b The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>				
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).				
•	Activities Test Answer lines 22 and 26 below	Yes	No		
-,	Activities Lest Answer lines 22 and 26 below				

4	Activities Test. Answer lines za and zb 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	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i> "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3 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	

11c

2

Yes No

Yes No

34-0714687

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Schedule A (Form 990) 2022 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See 1 instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 2 3 3 Other gross income (see instructions) 4 Add lines 1 through 3. 4 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of 6 property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 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 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 6 7 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount **Current Year** Adjusted net income for prior year (from Section A, line 8, column A) 1 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) 2022

-	lie A (Form 990) 2022		tions (continued)		Page I
Part		Supporting Organizat	tions (continued)		A ()(
	ion D - Distributions				Current Year
	Amounts paid to supported organizations to accomplish ex			1	
2					
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide 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 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	S	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - <i>explain in Part VI).</i> See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
-	Section D, line 7:				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
<u>с</u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
J	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI.</i> See instructions.				
6					
6	Remaining underdistributions for 2022. Subtract lines 3h and 4h from line 1. For result greater than zero, available in in				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
-	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
C	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				
				5	Schedule A (Form 990) 2022

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 U	NION	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 foundation					
	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 co	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 S	pecial Rule. See				

General Rule

instructions.

X 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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	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
1_	THE VEALE FOUNDATION 30100 CHAGRIN BLVD STE 210	\$650,000.	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
2	GREATER ALLIANCE FOUNDATION INC. 960 W STATE ST STE 220 ALLIANCE, OH 44601	\$443,500.	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
3	STARK COMMUNITY FOUNDATION 400 MARKET AVE N STE 200 CANTON, OH 44702	\$ 220,221.	Person X Payroll Image: mail of the second
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	RICHARD C. MCPHERSON 1185 IMMOKALEE RD STE 110 NAPLES, FL 34110	\$204,596	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
5	THE MARION G. RESCH FOUNDATION 100 E. FEDERAL ST. #926 YOUNGSTOWN, OH 44503	\$168,328.	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
6	HAMMOND CONSTRUCTION 1278 PARK AVE SW CANTON, OH 44706	\$124,680.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Schedule B (Form 990) (2022) Name of organization

	UNIVERSITY OF MOUNT UNION		34-0714687
Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	PAUL G. GULLING 3415 RUNAWAY CT NAPLES, FL 34114	- _ \$00,000.	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	JEFF CRISAN 72 HILLSIDE TER BELMONT, MA 02478	\$ <u>100,000</u> .	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	RUSSELL P. TAUB 24180 MOUNTZ RD HOMEWORTH, OH 44634	\$ 76,236.	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
	JAMES E. LEWARK 401 WEBSTER ST APT 105 PALO ALTO, CA 94301	- \$ \$74,686	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	MATTHEW G. DARRAH 917 1ST ST S UNIT 401 JACKSONVILLE, FL 32250	- _ \$66,000.	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
	OHIO FOUNDATION OF INDEPENDENT COLLEGES 250 E BROAD ST STE 1700 COLUMBUS, OH 43215	- \$63,100.	Person X Payroll Noncash (Complete Part II for
		-	noncash contributions.)

Name of organization

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Employer identification number

Name of organization

UNIVERSITY OF MOUNT UNION 34-0714687 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Х KEN ERB 13 Person Payroll PO BOX 4779 \$ 60,895. Noncash (Complete Part II for DOWLING PARK, FL 32064 noncash contributions.) (d) (a) (b) (c) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 14 EDWARD W. AND ALICE R. POWERS EDU. TRUST Х Person Payroll 55,689. PNC-200 PUBLIC SQ \$ Noncash (Complete Part II for CLEVELAND, OH 44101 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution JIM E. COSTANZO 15 Person Х Payroll 51,400. 2856 TALL TIMBERS DR Noncash (Complete Part II for MILFORD, MI 48380 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + **Total contributions** Type of contribution 16 JARRETT COMPANIES, Х INC. Person Payroll 1347 N MAIN ST 50,000. \$ Noncash (Complete Part II for ORRVILLE, OH 44667 noncash contributions.) (b) (d) (a) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 17 MATTHEW A. CAMPBELL Х Person Payroll 50,000. 655 XANADU PL \$ Noncash (Complete Part II for AMES, IA 50014 noncash contributions.) (a) (b) (c) (d) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. THE HUNTINGTON NATIONAL BANK Х 18 Person Pavroll 220 MARKET AVE S 44,360. \$ Noncash (Complete Part II for CANTON, OH 44702 noncash contributions.)

Employer identification number

me of o	organization		Employer identification number
ort I	UNIVERSITY OF MOUNT UNION	f Dart Lif additional analas is n	34-0714687
art I	Contributors (see instructions). Use duplicate copies of		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	SCHWAB CHARITABLE FUND	_	Person X
	211 MAIN STREET	41,228.	Payroll Noncash (Complete Part II for
	SAN FRANCISCO, CA 94105	-	noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	THE JIM AND VANITA OELSCHLAGER FDN	_	Person X
	3875 EMBASSY PKWY STE 250	40,000.	Payroll Noncash
	<u>AKRON, OH 44333</u>		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	LYNN O. SONTUM		Person X
	<u>PO BOX 243</u>	\$ 35,500.	Payroll Noncash
	SAXONBURG, PA 16056	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	PAMELA J. CREEDON	_	Person X
	2 HOLIDAY RIDGE LN	\$30,000.	Payroll Noncash (Complete Part II for
	CORALVILLE, IA 52241	-	noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	MARY RENKERT WENDLING FOUNDATION	-	Person X Payroll
	EVERHARD BRANCH MAILCODE: OH-12-99-PBOL	\$30,000.	Payroll Noncash (Complete Part II for
	CANTON, OH 44718	-	noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	PATRICK J. EATON	_	Person X
	12525 KING CHURCH AVE NW	\$ \$	Payroll Noncash
		1	(Complete Part II for

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	(Form 990) (2022)		Page 2
Name of o	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 n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	GRETCHEN L. SCHULER		Person X Payroll
	28710 BERKSHIRE DR	\$\$	Noncash (Complete Part II for
	NORTH OLMSTED, OH 44070		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	DOUG A. GARVER	_	Person X
	5098 BRECKENHURST DR	\$\$	Payroll Noncash
	HILLIARD, OH 43026		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	MORGAN ENGINEERING		Person X
	1049 S MAHONING AVE	\$ 26,000.	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
28	BLAIR CUMMINS		Person X
	5163 CHESHIRE GLEN RD	\$25,000.	Payroll Noncash
	CANANDAIGUA, NY 14424	—	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29	BANK OF AMERICA		Person X
	300 BRICKSTONE SQ STE 601	\$\$\$	Payroll Noncash
	ANDOVER, MA 01810	—	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	LOUIS E. DAUGHERTY		Person X
	6480 MAYFIELD LN	\$\$	Payroll Noncash
	ZIONSVILLE, IN 46077	_	(Complete Part II for noncash contributions.)
1			1

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Schedule B (Form 990) (2022)

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	UNIVERSITY OF MOUNT UNION		34-0714687
Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277	\$23,500.	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
32	NANCY H. HILL 172 LARIMAR DR WILLOWICK, OH 44095	\$22,500.	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
33	FRED J. HAUPT PO BOX 36963 CANTON, OH 44735	\$ 22,100.	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	BIERY FAMILY FOUNDATION INC. 6544 PARIS AVE LOUISVILLE, OH 44641	\$20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35	AULTMAN 2600 SIXTH ST SW CANTON, OH 44710	\$20,000.	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	DAVID D. DABELKO 40 BRIARWOOD DR ATHENS, OH 45701	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Name of organization

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Employer identification number

	UNIVERSITY OF MOUNT UNION	34-0714687	
Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	SCOTT R. TAYLOR	_	Person X Payroll
	1337 SUNGATE DR	_ \$\$	Noncash
	MANSFIELD, OH 44903	_	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38	THOMAS E. RUMMELL	-	Person X
	402 CHRISTOPHER CIR	\$20,000.	Payroll Noncash
	PITTSBURGH, PA 15205		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39	NATIONAL CABINET OF MOUNT UNION WOMEN	-	Person X
	1972 CLARK AVE	\$ 18,272.	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
40	VIRGINIA A. RHODES	_	Person X
	7430 MYSTIC RIDGE RD	\$17,700.	Payroll Noncash
	CHAGRIN FALLS, OH 44023	_	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41	JEFFREY R. JAKMIDES	_	Person X
	1485 BRIARWOOD RD	_ \$16,500.	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
42	DAVID M. BLANK	_	Person X
	24543 FORTUNE TRL	_ \$16,500.	Payroll Noncash
	WESTLAKE, OH 44145	_	(Complete Part II for noncash contributions.)

Name of organization

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Employer identification number

	UNIVERSITY OF MOUNT UNION		34-0714687
Part I	Contributors (see instructions). Use duplicate copies of R	Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	DANIEL R. KELLER 3219 COUNTRY CLUB LN HURON, OH 44839	\$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
44	CAROLYN MACKEY 191 ERNEST DR TALLMADGE, OH 44278	\$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
45	GEORGE E. STRADLEY 69 WEST DR HARTVILLE, OH 44632	\$ 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
46	GIVING WELL FAMILY FOUNDATION 2261 MING RD CARROLLTON, OH 44615	\$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
47	VICTOR J. BOSCHINI 3100 AVONDALE ST FORT WORTH, TX 76109	\$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
48	ALLEN E. GREEN 1691 AMARILLO ST NW NORTH CANTON, OH 44720	\$11,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2022)

Name of organization

	UNIVERSITY OF MOUNT UNION		34-0714687
Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	THE COLUMBUS FOUNDATION		Person X Payroll
	1234 E BROAD ST	\$10,000.	Noncash
	COLUMBUS, OH 43205		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	<u>SHAWN T. BROWN</u> 2400 W 130TH ST	\$10,000.	Person X Payroll Noncash
	BRUNSWICK, OH 44212		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51	DOROTHA ANDERSON CHARITABLE FOUNDATION	X	Person X Payroll
	ONE ANDERSON PLZ	\$ 10,000.	Noncash (Complete Part II for
	GREENVILLE, PA 16125		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52	CHAD V. JOHNSON 9149 STONEGATE CIR NORTH RIDGEVILLE, OH 44039	\$10,000.	Person X Payroll Noncash
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
53	AMERICAN ENDOWMENT FOUNDATION		Person X Payroll
	5700 DARROW RD STE 118 HUDSON, OH 44236	\$10,000.	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54	JAMES H. HOWENSTINE		Person X
	9259 SE RIVERFRONT TER APT 1	\$10,000.	Payroll Noncash
	JUPITER, FL 33469		(Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2022) Name of organization

ne of o	organization		Employer identification number
irt I	UNIVERSITY OF MOUNT UNION Contributors (see instructions). Use duplicate copies	of Part Lif additional space is n	34-0714687
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	THE DEUBLE FOUNDATION	_	Person X
	5757 MAYFAIR RD		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
56	KENNETH W. CHALKER	_	Person X Payroll
	1381 ANNETTE CT	\$10,000.	Noncash (Complete Part II for
	LAKEWOOD, OH 44107	-	noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57	SEAN M. MOORE		Person X
	774 MAYS BLVD #10651	\$ 10,000.	Payroll Noncash
	INCLINE VILLAGE, NV 89451		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58_	RICHARD K. HARR		Person X
	2918 CHAUTAUQUA DR	\$10,000.	Payroll Noncash (Complete Part II for
	SILVER LAKE, OH 44224	—	noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59	MORGAN STANLEY GIFT FUND	_	Person X Payroll
	2000 WESTCHESTER AVE., FLOOR 2	\$10,000.	Noncash (Complete Part II for
	PURCHASE, NY 10577	—	noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60	ROBERT C. EKEY	_	Person X
	893 PARKWAY BLVD	\$10,000.	Payroll Noncash
	ALLIANCE, OH 44601		(Complete Part II for noncash contributions.)

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	UNIVERSITY OF MOUNT UNION		34-0714687
Part I	Contributors (see instructions). Use duplicate copies of F	Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	PARK NATIONAL BANK PO BOX 3500 NEWARK, OH 43058	\$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
62	ANSTINE MACHINING CORP. PO BOX 3734 ALLIANCE, OH 44601	\$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
63	JOHN J. FLYNN 1491 RIVER EDGE DR KENT, OH 44240	\$ <u> </u>	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
64	PAUL R. WHITE 3815 ASHWOOD ST NW CANTON, OH 44708	\$9,933.	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
65	ERIC MARTIN 2812 SWEET FLAG WAY STOW, OH 44224	\$9,500.	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
66	DAVID S. WOLPERT 14517 CENFIELD ST NE ALLIANCE, OH 44601	\$15,116.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2022)

Name of organization

Part I	Contributors (see instructions). Use duplicate copies of F	Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	JEFF L. HATTERY		Person X Payroll
	21411 N PARK DR	\$8,200.	Noncash
	FAIRVIEW PARK, OH 44126		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68	ERIC A. OTTO		Person X
	483 BAY HILL DRIVE	\$8,000.	Payroll Noncash
	AVON LAKE, OH 44012		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69	GLENN E. HAMILTON		Person X
	9711 NW 91ST CT	\$ 8,000.	Payroll Noncash
	MEDLEY, FL 33178		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
70	WILLIAM G. KROCHTA		Person X
	237 TANGLEWOOD TRL	\$8,000.	Payroll Noncash
	WADSWORTH, OH 44281		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
71	MICHAEL W. LINDAMOOD		Person X
	2252 COUNTY ROAD 220	\$7,500.	Payroll Noncash
	VAN BUREN, OH 45889		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72	JANET M. CUMMINGS		Person X
	818 BARDWELL RD.	\$7,500.	Payroll Noncash
	CASTALIA, OH 44824		(Complete Part II for noncash contributions.)
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	UNIVERSITY OF MOUNT UNION		34-0714687
Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	JOSEPH W. HOLLIDAY		Person X Payroll
	103 ALLEGHENY AVE CHESWICK, PA 15024	\$7,100.	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
74	EDWARD M. KOLESAR		Person X Payroll
	150 RIVERBEND FOREST DR ASHEVILLE, NC 28805	\$7,000.	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
75	CONNIE STOPPER		Person X
	521 IVAN DR	\$ 6,475.	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
76	RALPH E. TOALSTON 1500 PRESIDENTS ST LOUISVILLE, OH 44641	\$6,000.	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
77	KEITH E. DOWNARD		Person X Payroll
	6177 JAMISON PL	\$6,000.	Noncash (Complete Part II for
(a) No.	CANFIELD, OH 44406 (b) Name, address, and ZIP + 4	(c) Total contributions	noncash contributions.) (d) Type of contribution
78	PAUL R. HESSE		Person X
	2450 PARWICH CIR	\$5,700.	Payroll Noncash
	ALLIANCE, OH 44601		(Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2022)

Name of organization

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Employer identification number

Name of c	university of mount union		Employer identification number 34-0714687
Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is n	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	THOMAS C. FLANIGAN 12 OVERBROOK FARM RD BLOOMFIELD, CT 06002	\$5,505	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
80	GARY E. LANZEN 1802 CENTURY OAKS DR WESTLAKE, OH 44145	\$5,417.	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
	JIM R. LANG 118 WINDSOCK WAY NEW HOLLAND, PA 17557	\$ 5,100.	Person X Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
82	DAVID W. STEWART 410 29TH CT SW VERO BEACH, FL 32968	\$5,000.	PersonXPayroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
83	DWIGHT S. JORDAN 6821 MILL RD BRECKSVILLE, OH 44141	\$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
84	CYNTHIA L. ROBINSON 122 PEMBERTON PL HOPKINSVILLE, KY 42240	\$5,000.	Person X Payroll Noncash (Complete Part II for 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	Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	JOHN W. BOULOUBASIS		Person X Payroll
	2251 TEXAS SPGS NEW BRAUNFELS, TX 78132	_ \$5,000.	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86	GRACE B. CHALKER		Person X Payroll
	1381 ANNETTE CT LAKEWOOD, OH 44107	- \$ <u>5,000.</u>	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87	GREATER HORIZONS 1055 BROADWAY BLVD STE 130 KANSAS CITY, MO 64105	\$ <u>5,000.</u>	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
88	DONALD R. GRAY <u>11 GLEN BROOK WAY #11</u> <u>MADISON, WI 53711</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
89	BARNES AND NOBLE COLLEGE BOOKSELLERS	- \$\$,000.	Person X Payroll Noncash
	BASKING RIDGE, NJ 07920	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
90	THE JOHN AND ROENE A. KLUSCH FOUNDATION	- \$\$,000.	Person X Payroll Noncash
	CANTON, OH 44718		(Complete Part II for noncash contributions.)

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	UNIVERSITY OF MOUNT UNION		34-0714687
Part I	Contributors (see instructions). Use duplicate copies of F	Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	DAVID R. RIGGS 8682 SERENITY DR NW MASSILLON, OH 44646	\$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
92	W. RICHARD MERRIMAN 3824 GLENROCK CIRCLE RALEIGH, NC 27613	\$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_	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
94	APRIL C. MASON 1105 HEATHERWOOD LN FORT COLLINS, CO 80525	\$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	KEVIN M. PUCCI 1035 DALTON SPRINGS LN GLENDORA, CA 91741	\$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
96	DEBBIE E. HEIDA 14 GREENBRIAR LN SE ROME, GA 30161	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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Schedule B (Form 990) (2022) Name of organization

	UNIVERSITY OF MOUNT UNION		34-0714687
Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	JACK D. BUTLER 6576 TORINGTON DR MEDINA, OH 44256	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
98	GEORGE A. KNIGHT 6580 TURTLE HILL RD LAS VEGAS, NV 89110	\$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
99	ROGER S. LUCA 6370 OX BOW RUN TALLAHASSEE, FL 32312	\$ <u>5,000.</u>	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
100	NANCY C. AMBROSE 27 LUTHER CIR LEWISBURG, PA 17837	\$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
_101	JAMES E. KIMBLE <u>462 w HERITAGE DR</u> <u>CUYAHOGA FALLS, OH 44223</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
_102	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.)

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Name of o	organization 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 n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	SAMUEL L. DOUGLASS	\$5,000.	Person X 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
_104	NICHOLAS B. RUSSO 21315 KENWOOD AVE	\$5,000.	Person X Payroll Noncash
	ROCKY RIVER, OH 44116		(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	\$ 5,000.	Person X 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
106	WILLIAM A. JONES 318 E LAKE RIM LN	\$5,000.	Person X Payroll Noncash (Complete Part II for
	BOISE, ID 83716		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
107	MARIAN M. SHERN		Person X Payroll
	502 PENDLETON PL	\$5,000.	Noncash (Complete Part II for
	<u>VENICE, FL 34292</u>		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
108	VIRGINIA F. BROWN		Person X Payroll
	3214 N MARINA VIEW DR	\$5,000.	Noncash
	PORT CLINTON, OH 43452		(Complete Part II for noncash contributions.)

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Name of o	organization		Employer identification number
	UNIVERSITY OF MOUNT UNION		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
109	MARK S. DRAY		Person X Payroll
	612 W FRANKLIN ST	\$5,000.	Noncash
	RICHMOND, VA 23220		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution

	RICHMOND, VA 23220	_	noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110	BRADLEY D. CARMAN	_	Person X
	<u>925 ASH RD</u>	\$5,000.	Payroll Noncash
	MARIETTA, OH 45750		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
111	JOEL L. SASSA		Person X
	13708 TRENTINO ST	\$ 5,000.	Payroll Noncash
	VENICE, FL 34293		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
112	ADAM P. SUES		Person X
	4500 PLACID PL	\$5,000.	Payroll Noncash
	AUSTIN, TX 78731		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
113	DAVID E. JONES		Person X
	2610 CARRINGTON ST NW	\$52,828.	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
114			Baraan
114	JOHN B. NOLAN		Person
	JOHN B. NOLAN 6800 CHAFFEE CT	\$50,207.	Payroll X

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115	EILEEN L. LAZEAR 4160 TRUEMAN BLVD UNIT 146 HILLIARD, OH 43026	\$26,081.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
116	NIALL W. SLATER		Person Payroll
	1485 WOODSHIRE DR DECATUR, GA 30033	\$ 18,400.	Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_117	RANDALL C. HUNT 960 W STATE ST STE 230 ALLIANCE, OH 44601	\$ 12,716.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_118	P. ROGER CLAY 13892 CONGRESS LAKE AVE NE HARTVILLE, OH 44632	\$8,169.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	SCOTT R. GINDLESBERGER 5046 SHADY KNOLL AVE NW MASSILLON, OH 44646	\$7,219.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
120	DEBBY A. WOLPERT 14517 CENFIELD ST NE ALLIANCE, OH 44601	\$6,116.	Person Payroll Noncash (Complete Part II for noncash contributions.)
JSA			Schedule B (Form 990) (2022)

31619H D320 02/19/2024 13:03:00 V22-7.11 63126 TX1000

	ganization		identification number
	UNIVERSITY OF MOUNT UNION	•	4-0714687
art II	Noncash Property (see instructions). Use duplicate copies of	f Part II if additional space is r	needed.
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
66	PUBLICLY TRADED SECURITIES	_	
		\$6,116.	05/17/2023
a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	PUBLICLY TRADED SECURITIES	_	
113		-	
		\$50,328.	03/24/2023
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
114	PUBLICLY TRADED SECURITIES		
		\$ 50,207.	12/14/2022
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
115	PUBLICLY TRADED SECURITIES	 \$26,081.	04/26/2023
		\$26,081.	04/20/2023
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	PUBLICLY TRADED SECURITIES	_	
116		-	
		\$18,400.	05/10/2023
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
117	PUBLICLY TRADED SECURITIES	_	
/		_	
		_ \$12,716.	05/24/2023

Schedule B (Form 990) (2022)

JSA 2E1254 1.000

me or or	ganization		entification number
	UNIVERSITY OF MOUNT UNION		0714687
art 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
	PUBLICLY TRADED SECURITIES		
118			
		\$8,169.	06/16/2023
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	PUBLICLY TRADED SECURITIES	_	
119		_	
		\$7,219.	11/29/2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	PUBLICLY TRADED SECURITIES		
120 (a) No.		\$6,116	07/29/2022
from Part I	(b) Description of noncash property given	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
		_	
		—	
		\$	

Schedule B (Form 990) (2022)

JSA 2E1254 1.000

	(Form 990) (2022)			Page 4
Name of or	ganization			Employer identification number
	UNIVERSITY OF MOUNT U			34-0714687
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if additi	the year from any ons completing Par e year. (Enter this in	one contributor. C t III, enter the total c formation once. Se	omplete columns (a) through (e) and of <i>exclusively</i> religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transf and ZIP + 4		hip of transferor to transferee
(a) No. from				
Part I	(b) Purpose of gift	(c) Use		(d) Description of how gift is held
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	hip of transferor to transferee
JSA				Schedule B (Form 990) (2022)

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.

<u>K</u> **Open to Public**

	artment of the Treasury		Attach to Form 990.	the letest informe	41a	Open to Public
	rnal Revenue Service e of the organization	Go to www.irs.gov/i	Form990 for instructions and	the latest informa	Employer identification.	Inspection
	-					
	IVERSITY OF MC	tions Maintaining Donor Adv	icad Funda ar Othar Sim	ler Funde er	34-0714	687
Pa	-	-			Accounts.	
	Complete	e if the organization answered			(h) Euroda and	l other accounts
			(a) Donor advised fur	lus	(b) Funds and	
1		nd of year				
2		of contributions to (during year)				
3		of grants from (during year)				
4		at end of year				
5	•	ion inform all donors and donor	•			
_	-	inization's property, subject to the	-	-		Yes No
6		on inform all grantees, donors, a				
		e purposes and not for the bene				
Б		hissible private benefit?		<u></u>		Yes No
Pa		tion Easements.	"Voo" on Form 000 Port	IV line 7		
4		e if the organization answered servation easements held by the				
1		•	· · · ·		f a biotoriaally im	nortant land area
		n of land for public use (for example of natural habitat	e, recreation or education)		of a certified histo	portant land area
				Preservation	a certined fisto	
2		n of open space ۱ through 2d if the organization h	old a qualified concentration	contribution in	the form of a cor	convotion
2		last day of the tax year.	eiu a quaimeu conservation			End of the Tax Year
_				-		
a ⊾		onservation easements			2a 2b	
b		tricted by conservation easement vation easements on a certified			20 2c	
c d		vation easements included in (c		. ,	20	
u		e listed in the National Register			2d	
3		rvation easements modified, tra				anization during the
3	tax year		instened, teleased, extingui		lated by the org	anization during the
4		where property subject to conse	rvation easement is located			
- 5		ation have a written policy re-			on handling of	
5	-	orcement of the conservation ea			-	Yes No
6		hours devoted to monitoring, insp				
U I		nours devoted to monitoring, insp	county, nanding of violations,			ients during the year
7	Amount of expens	es incurred in monitoring, inspec	ting handling of violations a	and enforcing co	nservation easen	ents during the year
•	, another of oxpone		ing, nariang of violatione, e	and enterening ee		ionio duning trio your
8	Does each conser	vation easement reported on line	2(d) above satisfy the require	ements of sectio	n 170(h)(4)(B)(i)	
-)(4)(B)(ii)?				
9		cribe how the organization re				
		nd include, if applicable, the tex				
	organization's acc	ounting for conservation easeme	ents.	-		
Pa	art III Organiza	tions Maintaining Collections	s of Art, Historical Treas	ures, or Other	Similar Assets	
	Complete	e if the organization answered	"Yes" on Form 990, Part	IV, line 8.		
1a	If the organization	n elected, as permitted under FA	ASB ASC 958, not to repor	t in its revenue	statement and	balance sheet works
	of art, historical	treasures, or other similar asse Part XIII the text of the footnote	ts held for public exhibition	on, education,	or research in fi	urtherance of public
h	•					ance cheet works of
b		n elected, as permitted under F sures, or other similar assets he				
		ing amounts relating to these ite				
		ded on Form 990, Part VIII, line 1			\$	
		ed in Form 990, Part X				
2		n received or held works of a				
	-	s required to be reported under F				5 / ····
а		on Form 990, Part VIII, line 1			\$	
b		Form 990, Part X				

· · · ·	Reductior	Act Notice, see th	ne Instructions f	or Form 990.		
JSA 2E1268 1.000						
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Schedule D (Form 990) 2022

OMB No. 1545-0047	
2022	

Schee		VERSITY OF MOU					34-07		Page 2
Ра	rt III Organizations Maintaini								
3	Using the organization's acquisition		other record	ds, checł	c any of the	following that r	nake signifi	icant us	e of its
	collection items (check all that appl	y):		٦					
а	Public exhibition		d	1	or exchange p	program			
b	Scholarly research		e	Other					
С	Preservation for future gener								
4	Provide a description of the organ	nization's collections	and expla	in how t	they further	the organization	's exempt p	ourpose	in Part
_	XIII.								
5	During the year, did the organizatio]	
	assets to be sold to raise funds rath		ained as pa	rt of the c	organizations	s collection?	<u></u>	Yes	No
Pa	rt IV Escrow and Custodial A Complete if the organiza		on Forr	n 000 E	Part IV line () or reported a	n amount	on Eor	m
	990, Part X, line 21.	uon answered Te	S UNFUN	п 990, г	art iv, line :	a, or reported a	in amount		11
10	Is the organization an agent, trust	too austadian ar a	than interm	odiony fo		ne or other as			
Ia	included on Form 990, Part X?			-				Yes	X No
h	If "Yes," explain the arrangement in	Part XIII and comr	lete the fol	owing tak	le [.]		••••	163	
	in roo, explain the arrangement i			owing tac			Amount		
с	Beginning balance				10		, anount		
	Additions during the year								
е	Distributions during the year								
f	Ending balance								
2a	Did the organization include an am					todial account lia	ability?	Yes	X No
	If "Yes," explain the arrangement in								
	rt V Endowment Funds.								
	Complete if the organiza	tion answered "Ye	es" on Forr	n 990, F	Part IV, line	10.			
		(a) Current year	(b) Prior	· year	(c) Two years	back (d) Three y	/ears back	(e) Four ye	ears back
1a	Beginning of year balance	143,655,766.	166,77	4,878.	134,369,20	139,5	63,218.	135,89	2,939.
b	Contributions	1,569,497.	2,64	8,303.	1,365,84	3. 3,0	55,456.	3,81	5,003.
с	Net investment earnings, gains,								
	and losses	21,448,510.		7,415.	36,734,19	96. 8	03,237.	5,73	0,276.
d	Grants or scholarships	3,202,585.	2,65	0,961.	2,440,23	37. 2,4	07,834.	2,28	4,864.
е	Other expenditures for facilities								
	and programs	3,622,415.	3,44	9,039.	3,254,12	6. 6,6	44,875.	3,59	0,136.
f	Administrative expenses								
g	End of year balance	159,848,773.		5,766.	166,774,87		69,202.	139,56	3,218.
2	Provide the estimated percentage			e (line 1g,	column (a)) h	neld as:			
a L	Board designated or quasi-endowm Permanent endowment 38.00		/0						
b	Term endowment 59.0000 %	00 %							
С	The percentages on lines 2a, 2b, a	and 2c should equal 1	100%						
3a	Are there endowment funds not in	· ·		tion that	are held and	administered for	r the		
Ju	organization by:		ie organiza	tion that			uic	Ye	es No
	(i) Unrelated organizations						Ì	3a(i)	X
	(ii) Related organizations						ŀ	3a(ii)	X
b	If "Yes" on line 3a(ii), are the relate							3b	
4	Describe in Part XIII the intended u	0					L		
Ра	rt VI Land, Buildings, and Equ	lipment.							
	Complete if the organiza Description of property								
	Description of property	(a) Cost or (invest			or other basis ther)	(c) Accumulated depreciation	(a)	Book value	÷
1a	Land			26,1	49,904.		2	6,149	,904.
b	Buildings			202,3	32,676.	95,839,347.	10	6,493	,329.
С	Leasehold improvements	•••							
d	Equipment	•••		22,7	18,926.	19,907,929.	L	2,810	,997.
e	Other				959,972.		L	959	,972.
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Form	n 990, Part	X, columi	n (B), line 10a	.)	13	6,414	,202.

Schedule D (Form 990) 2022

Complete if the organization answere	d "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 answere			
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year marke	
(1)			
(2)			
_(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
<u>(9)</u>			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. Complete if the organization answered	d "Vee" on Form 000	Part IV line 11d See Form 000	Dort V line 15
	escription		(b) Book value
(1)			
(2)			
(4)			
(5)			
(6)			
(7) (8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 15)		
Part X Other Liabilities. Complete if the organization answere line 25.			n 990, Part X,
1. (a) Descri	ption of liability		(b) Book value
(1) Federal income taxes			
(2)DEPOSIT AND OTHER			2,256,461.
(3)ANNUITY OBLIGATIONS			923,625.
(4)LEASE LIABILITIES			964,307.
(5)			
$\frac{(6)}{(7)}$			
$\frac{(7)}{(8)}$			
$\frac{(8)}{(0)}$			
(9) Total (Column (b) must equal Form 990, Part X, col. (B) line 25	1		1 1 1 1 2 0 2
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.			4,144,393.
2. Liability for uncertain tax positions. In Part XIII, provide the organization's liability for uncertain tax positions under FASB			
JSA			nedule D (Form 990) 2022
2E1270 1.000		501	100010 D (1 0111 330) 202

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Schedu	le D (Form 990) 2022 UNIVERSITY OF MOUNT UNION	34-	-0714687 Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	70,583,237.
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 2b		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	10,853,242.
3	Subtract line 2e from line 1	3	59,729,995.
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		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	34,654,900.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	94,384,895.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	ırn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1		1	61,995,607.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		61,995,607.
1	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:		61,995,607.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements		61,995,607.
1 2 a	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		61,995,607.
1 2 a b	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		61,995,607.
1 2 a b c	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		61,995,607.
1 2 b c d	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	
1 2 b c d e	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	30,506.
1 2 b c d e 3	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	1 2e	30,506.
1 2 b c d e 3 4	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:	1 2e	30,506.
1 2 b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.Total expenses and losses per audited financial statementsAmounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustmentsOther losses.Other losses.Other (Describe in Part XIII.)Add lines 2a through 2dSubtract line 2e from line 1Amounts included on Form 990, Part IX, line 25, but not on line 1:Investment expenses not included on Form 990, Part VIII, line 7b.4a392, 533.Other (Describe in Part XIII.)Add lines 4a and 4b	1 2e 3 4c	30,506.
1 2 d c 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.Total expenses and losses per audited financial statementsAmounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustmentsOther lossesOther lossesOther (Describe in Part XIII.)Add lines 2a through 2dSubtract line 2e from line 1Amounts included on Form 990, Part IX, line 25, but not on line 1:Investment expenses not included on Form 990, Part VIII, line 7b4a392, 533.4b34, 262, 367.	1 2e 3 4c	30,506. 61,965,101.

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.

ሪ⊾⊾	SUPPLEMENTAL	DAGE
SEE	SOPPLEMENTAL	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

JSA

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, LINE 2D

SPECIAL EVENT EXPENSE\$ 30,506CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS\$ 798,143TOTAL\$ 828,649

SCHEDULE D, PART XI & PART XII, LINE 4B

FINANCIAL AID	\$ 34,262,367
TOTAL	\$ 34,895,445

SCHEDULE D, PART XII, LINE 2D

SPECIAL EVENT EXPENSE

\$ 30,506



			8 No. 1	545-00)47
Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.		20	<u>22</u>	l
Department of th	Attach to Form 990 or Form 990-EZ.			Pub	
nternal Revenue				ction	
lame of the org		oyer identificatio		ber	
Part I	TY OF MOUNT UNION 3	4-0714687			
				YES	N
	ne organization have a racially nondiscriminatory policy toward students by statement in				
•	other governing instrument, or in a resolution of its governing body?		1	X	-
brochu	ne organization include a statement of its racially nondiscriminatory policy toward studen res, catalogues, and other written communications with the public dealing with student	admissions,			
prograr 3 Has the	ns, and scholarships? • organization publicized its racially nondiscriminatory policy on its primary publicly accessi	bla Internet	2	X	-
homepa homepa the reg the gen	age at all times during its tax year in a manner reasonably expected to be noticed by vis age, or through newspaper or broadcast media during the period of solicitation for students istration period if it has no solicitation program, in a way that makes the policy known to neral community it serves? If "Yes," please describe. If "No," please explain. If you need n t II.	itors to the s, or during all parts of nore space,	3	x	
CEE	SUPPLEMENTAL PAGE				
<u>SEE</u>	SUPPLEMENTAL PAGE				
	e organization maintain the following?				
	s indicating the racial composition of the student body, faculty, and administrative staff?		4a	X	
	s documenting that scholarships and other financial assistance are awarded on a racially nondis			37	
	of all catalogues, brochures, announcements, and other written communications to the pu		4b	X	-
	Ident admissions, programs, and scholarships?		4c	x	
	of all material used by the organization or on its behalf to solicit contributions?		4d	X	
lf you a	nswered "No" to any of the above, please explain. If you need more space, use Part II.				
	a arganization dispriminate by race in any year with respect to:				
	e organization discriminate by race in any way with respect to: as' rights or privileges?		5a		x
u oludon			Ju		
b Admiss	ions policies?		5b		Х
c Employ	ment of faculty or administrative staff?		5c		X
d. Calcular			C -1		
d Schola	ships or other financial assistance?		5d		X
	onal policies?		5e		X
e Educat	facilities?				x
			5f		
f Use of	programs?		5f 5g		X
f Use of g Athletic	programs?		5g		
f Use ofg Athletich Other e	programs?				
f Use ofg Athletich Other e	programs?		5g		
f Use ofg Athletich Other e	programs?		5g		x
f Use ofg Athletich Other e	programs?		5g		
f Use ofg Athletich Other e	programs?		5g		
f Use of g Athletic h Other e If you a	programs?	· · · · · · · · · · · · · · · · · · ·	5g	x	

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

 7
 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering racial nondiscrimination? If "No," explain on Part II

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

 Schedu

 Schedu

 2E1273 1:090619H D320 02/19/2024 13:03:00 V22-7.11 63126 TX1000

7 Х Schedule E (Form 990) 2022

Schedule E (Form 990 or 990-EZ) (2022)

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.



58

SCHEDULE F (Form 990)	Statement of Activities Outside the United Statement	OMB No. 1545-0047				
Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Attach to Form 990. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information		, or 16.	Open to Public Inspection			
Name of the organization	Name of the organization Empl		entification number			
UNIVERSITY OF MOUNT UNION 34-0714687						
Part I General Information on Activities Outside the United States. Complete if the organization answered "Ye Form 990, Part IV, line 14b.						
1 For grantmakers.	1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and					
other assistance, award the grants of	the grantees' eligibility for the grants or assistance, and the selection crite or assistance?		o . X Yes No			
2 For grantmakers.	Describe in Part V the organization's procedures for monitoring the use of	of its grant	s and other assistance			

3	Activities per Region	(The following Part L line	3 table can be duplicated if additional space i	is needed)
•	nouvilloo por nogion.	(The fellowing Furth, inte	o tablo oun bo auplioatoa il adallonal opaco i	lo noodou.j

outside the United States.

(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) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	EDUCATIONAL ACTIVITIES	43,822.
(2) EUROPE			PROGRAM SERVICES	EDUCATIONAL ACTIVITIES	18,422.
(3) SOUTH AMERICA			PROGRAM SERVICES	EDUCATIONAL ACTIVITIES	3,000.
(4) CENTRAL AMERICA/CARIBBEAN		7	PROGRAM SERVICES	EDUCATIONAL ACTIVITIES	5,245.
(5)					
(6)					
(7)					
(8)					
(9)		Ť			
		/			
(10)					
(11)					
(12)					
(13)					
<u>(14)</u>					
<u>(15)</u>					
<u>(</u> 16)					
<u>(17)</u>					
3a Subtotal					70,489.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					70,489.
For Denemy and Deduction Act Nation and		- far Farm 000		Cabadula	E (Earm 000) 2022

(14)				
(15)				
(16)				
		I	1	

3 Enter total number of other organizations or entities

	 		-			 -		
2022	UNIVEF	SITY	OF	MOUNT	UNION			

Schedule F (Form 990) 2 34-0714687 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part II Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
	r total number of recipient npt 501(c)(3) organization b								

Page **2**

34-0714687

Page **3**

Part III can be duplicated if							
(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)			V				
<u>(10)</u>							
<u>(11)</u>		K					
<u>(12)</u>							
<u>(13)</u>							
<u>(14)</u>							
<u>(15)</u>							
<u>(</u> 16)							
(17)							
(18)							

Schedule F (Form 990) 2022

Schedule F ((Form 990) 2022	UNIVERSITY	OF	MOUNT	UNION
Part IV	Foreign Fo	orms			

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).	Yes 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)	Yes 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)	Yes 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</i> "Yes," <i>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>	Yes X No
0	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain	Yes 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)	Yes X No
		Schedule F (Form 990) 2022

SCHEDULE G		Supplemental 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							
(Form 990)	Complete if the	ne organization answe organization entered r	red "Yes" on nore than \$1	Form 990, I 5,000 on Fo	Part IV, line 17, 18, or 1 rm 990-EZ, line 6a.	9, or if the	2022		
Department of the Treasury		Attach t	o Form 990	or Form 990	-EZ.		Open to Public		
Internal Revenue Service	Go	to www.irs.gov/Form9	90 for instru	ictions and t	the latest information.		Inspection		
Name of the organization						Employer identificati	on number		
UNIVERSITY OF M	<u>OUNT UNION</u> I g Activities. Comp	loto if the organ	ization or	owered !	'Vaa" on Form OC	34-071460			
	EZ filers are not re	-					1.		
	the organization rais				activities. Check a	all that apply.			
a X Mail solicita	-	e	rants						
b X Internet and	email solicitations	f			government grants				
c X Phone solic	itations	g	X Spe	cial fundra	aising events				
d X In-person s									
	tion have a written or es listed in Form 990,						X Yes No		
b If "Yes," list the	10 highest paid individual least \$5,000 by the d	viduals or entities							
(i) Name and add 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	INFORMATION		Yes	No					
1									
2									
3									
4									
5									
6				•					
7									
8									
9									
10									
Total					411,610.	16,538	. 395,072.		
3 List all states in registration or lie	which the organizat	tion is registered o	or licensed	to solici	t contributions or				
AL, AK, AZ, AR, CA,	CO,CT,DE,DC,FL	,GA,HI,ID,IL,	IN,						
IA,KS,KY,LA,ME,				NM,NY,N	IC, ND, OH,				
OK, OR, PA, RI, SC,	SD,TN,TX,UT,VT	, VA,WA,WV,WI,	WY,						

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
			RAIDERS GIVE	VIRTUAL STADIUM	NONE	(aḋd col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ne						
en	1	Gross receipts	360,685.	50,925.		411,610.
Revenue	-			5075251		111/010.
œ	2	Less: Contributions				
		Gross income (line 1 minus				
	5					411 610
		line 2)	360,685.	50,925.		411,610.
	4	Cash prizes				
	_					
	5	Noncash prizes	2,548.			2,548.
S						
JSE	6	Rent/facility costs				
Direct Expenses						
Ň	7	Food and beverages				
ct						
ire	8	Entertainment				
	9	Other direct expenses	26.611	1,347.		27,958.
	-			1 1 1 1 1 1		2,7,550.
	10	Direct expense summary. Add lir	nes 4 through 9 in colu	ımn (d)		30,506.
	11	Net income summary. Subtract I	line 10 from line 3 col	umn (d)		381,104.
Do	rt III	Gaming. Complete if the org				
Γa	r L III	\$15,000 on Form 990-EZ, lin		res on Fohn 990, F	Part IV, line 19, or	reported more than
		¢15,000 0π1 0π1 990-⊏∠, π1				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
/en				billgo/progressive billgo		
Se/		2				
1	1	Gross revenue		r		
	-					
ses	2	Cash prizes				
ens						
хb	3	Noncash prizes				
É						
Direct Expenses	4	Rent/facility costs				
Dir						
	5	Other direct expenses	*			
			Yes %	Yes%	Yes%	
	6	Volunteer labor	No	No	No	
					,	
	7	Direct expense summary. Add lir	nes 2 throuah 5 in colu	umn (d)		
	8	Net gaming income summary. S	ubtract line 7 from line	e 1. column (d)		
				.,		
9	F	Enter the state(s) in which the org	anization conducts as	ming activities:		
a	. I	s the organization licensed to con	duct asmina activities	in each of these state		Yes No
		C UN 1 U U U U				
b	, 1	т но, ехріані				
	-					
4 0		Al				
10a		Nere any of the organization's gaming				Yes No
b		f "Yes," explain:				
	_					

JSA 2E1282 1.000 Schedule G (Form 990) 2022

Sched	dule G (Form 990 or 990-EZ) 2022 UNIVERSITY OF MOUNT UNION	34-0	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	13a 📃		%
b	,	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books records:	and 3		
	Name ►			
	Address ►			
15 a	Does the organization have a contract with a third party from whom the organization receives g	-		
	revenue?		Yes	No
b	······································	ind the		
•	amount of gaming revenue retained by the third party ► \$ If "Yes," enter name and address of the third party:			
C	in res, enter hame and address of the third party.			
	Name ►			
	Address ►			
16	Gaming manager information:			
	Nama N			
	Name	· ·		
	Gaming manager compensation ► \$			
	Description of services provided	··		
	Director/officer Employee Independent contractor			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
''a		ceeds tr	`	
u	retain the state gaming license?			No
b				
	or spent in the organization's own exempt activities during the tax year > \$			
Par	t IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns			
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition	nal infor	mation	
	(see instructions).			

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

NAME: GRADUWAY

ACTIVITY : CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION? NO

GROSS RECEIPTS FROM ACTIVITY : 411,610.

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 16,538.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : ____ 395,072.



STATEMENT 1

SCHEDULE I	0	Frants ar	nd Other A	Assistance	to Organiza	itions,		OMB No. 1545-0047
(Form 990)			•		n the Unite			2022
	Comp	lete if the or	-		Form 990, Part IV	, line 21 or 22.		
Department of the Treasury				tach to Form 990				Open to Public
Internal Revenue Service		Go te	o www.irs.gov/	Form990 for the I	atest information			Inspection
Name of the organization							Employer identifica	tion number
UNIVERSITY OF N							34-071468	7
	nformation on Grants and							
-	zation maintain records to su			-	-			
	teria used to award the grants							X Yes No
2 Describe in Part	IV the organization's proced	ures for mor	nitoring the use	of grant funds in th	e United States.	·		
Part II Grants a	nd Other Assistance to De	omestic Or	ganizations ar	nd Domestic Go	vernments. Con	plete if the organiz	ation answered "	Yes" on Form 990,
Part IV, li	ne 21, for any recipient th	at received	more than \$5	,000. Part II can	be duplicated if	additional space is r	needed.	
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
				-		ottier)		
_(1)								
(0)								
_(2)								
(3)								
_(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)			·					
(4.0)								
(10)								
(11)								
(12)								
\·=/								
2 Enter total numb	per of section 501(c)(3) and g	overnment o	brganizations lis	ted in the line 1 ta	ble			1
	per of other organizations list							
	on Act Nation and the Instruction							- h - dud - 1 (E 000) 0000

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

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 SCHOLARSHIPS	1,956	34,262,367.			
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.

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) (2022)

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

			sation Information	0	MB No.	1545-0	047
(For	n 990)		ectors, Trustees, Key Employees, and Highest mpensated Employees		20	22)
			n answered "Yes" on Form 990, Part IV, line 2	3.	pen to	o Puk	olic
	nent of the Treasury Revenue Service		Attach to Form 990. 90 for instructions and the latest information.		Inspe		
Name	of the organization			Employer identification			
UNI	VERSITY OF	MOUNT UNION		34-071468	7		
Part	Questio	ns Regarding Compensation					
						Yes	No
1a			ovided any of the following to or for a pers				
			provide any relevant information regarding	-			
		ss or charter travel	X Housing allowance or residence for	•			
		or companions	Payments for business use of perso				
		emnification and gross-up payments	X Health or social club dues or initiation				
	Discretio	onary spending account	X Personal services (such as maid, ch	auffeur, cher)			
b	or reimburse	ment or provision of all of the ex	ne organization follow a written policy re penses described above? If "No," com	plete Part III to			
•	explain			· · · · · · · · · · · · · · · · · · ·	1b	X	
2			to reimbursing or allowing expenses				
		siees, and oncers, including the CEC	D/Executive Director, regarding the items	s checked on line	2	х	
•					-	A	
3			on used to establish the compensation of at apply. Do not check any boxes for metho				
			e CEO/Executive Director, but explain in P				
	X Comper	nsation committee	X Written employment contract				
	Indepen	dent compensation consultant	X Compensation survey or study				
	X Form 99	00 of other organizations	X Approval by the board or compensation	ation committee			
4		ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect to	o the filing			
а			ayment?		4a		X
b			tal nonqualified retirement plan?		4b		X
С			ed compensation arrangement?		4c		X
	If "Yes" to an	y of lines 4a-c, list the persons and pi	rovide the applicable amounts for each it	em in Part III.			
	Only costion	E(1/c)/2 $E(1/c)/4$ and $E(1/c)/20$ or	reconizations must complete lines 5.0				
5			rganizations must complete lines 5-9. on A, line 1a, did the organization pa	w or accrue any			
5		n contingent on the revenues of:	on A, line ra, did the organization pa	ly of accide any			
а					5a		х
					5b		X
	If "Yes" on lin	e 5a or 5b, describe in Part III.					
6	•	· · · · · · · · · · · · · · · · · · ·	on A, line 1a, did the organization pa	ay or accrue any			
-	•	n contingent on the net earnings of:			0.0		37
a ⊾					6a		X
b		rganization? e 6a or 6b, describe in Part III.			6b		X
7			n A, line 1a, did the organization prov	ide any positived			
'			escribe in Part III		7		x
8			paid or accrued pursuant to a contract the				_
-	-	-	Regulations section 53.4958-4(a)(3)?	-			
					8		х
9	If "Yes" on I	ine 8, did the organization also fol	low the rebuttable presumption proced	lure described in			
	Regulations s	ection 53.4958-6(c)?			9		

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

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

Page **2**

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	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
JEFFREY BREESE	(i)	168,912.	NONE	NONE	10,392.	2,248.	181,552.	
1 PROVOST/VP FOR ACADEMIC AFFAIR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
JOHN FRAZIER	(i)	160,688.	NONE	NONE	16,137.	959.	177,784.	
2 VP FOR STUDENT AFFAIRS	(ii)	NONE	NONE	NONE		NONE	NONE	
PATRICK HEDDLESTON	(i)	194,904.	NONE		20,634.	11,715.	227,253.	
3 SENIOR VP & CFO	(ii)	NONE	NONE		NONE	NONE	NONE	
DR. THOMAS J. BOTZMAN	(i)	152,686.	41,113.	7,553.	53,257.	18,076.	272,685.	
4 FORMER PRESIDENT (LEFT 6/22)	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
GREGORY KING	(i)	244,192.	NONE	629.	24,412.	6,203.	275,436.	
5 VP, ADVANCMENT/ENROLLMENT	(ii)	NONE	NONE		NONE	NONE	NONE	
ROBERT GERVASI	(i)	193,172.	NONE	2,350.	NONE	12,818.	208,340.	
6 INTERIM PRESIDENT	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
SANDRA MADAR	(i)	159,620.	NONE	NONE	16,277.	2,919.	178,816.	
7 INTERIM VPAA/DEAN CNHS	(ii)	NONE	NONE	NONE		NONE	NONE	
KRISTINE STILL	(i)	139,886.	NONE	NONE	14,533.	5,716.	160,135.	
8 DEAN, APPLIED/SOCIAL STUDIES	(ii)	NONE	NONE		NONE	NONE	NONE	
TIMOTHY MEYERS	(i)	137,012.	NONE		13,910.	2,325.	153,247.	
9 CHAIR OF NURSING PROGRAM	(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) 2022

Schedule J (Form 990) 2022

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 119 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. DR. THOMAS J. BOTZMAN AND ROBERT GERVASI BOTH RECEIVED \$12,500 IN NONTAXABLE HOUSING BENEFITS DURING THE YEAR.

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

A STATE OF B STATE OF C D Part II 1 Amo 2 Amo 3 Tota 4 Gros 5 Capi 6 Proc 7 Issue	Bond Issues (a) Issuer name OHIO HIGHER EDUCATION FACILITY OHIO HIGHER EDUCATION FACILITY Proceeds	(b) Issuer EIN 34-6849674 34-6849674	(c) CUSIP #	(d) Date issued 07/15/2020 02/14/2017		(f) Description of pu EFUNDING OF 2010 BONDS EFUNDING OF 2006 BONDS	5	(g) De Yes	feased No X	(h) Or behalf issuer Yes I x x	of fina Io Yes	Poole ancin s N
B STATE OF C D Part II 1 Amo 2 Amo 3 Tota 4 Gros 5 Capi 6 Proc 7 Issue	OHIO HIGHER EDUCATION FACILITY OHIO HIGHER EDUCATION FACILITY	34-6849674		07/15/2020	7,982,711, RI	EFUNDING OF 2010 BONDS	5		No x	behalf issuer Yes N	of fina Io Yes	s N
B STATE OF C D Part II 1 Amo 2 Amo 3 Tota 4 Gros 5 Capi 6 Proc 7 Issue	OHIO HIGHER EDUCATION FACILITY		67756A2G6					Yes	X	X		2
B STATE OF C D Part II 1 Amo 2 Amo 3 Tota 4 Gros 5 Capi 6 Proc 7 Issue	OHIO HIGHER EDUCATION FACILITY		67756A2G6									
C D Part II 1 Amo 2 Amo 3 Tota 4 Gros 5 Capi 6 Proc 7 Issue		34-6849674	67756A2G6	02/14/2017	12,025,000 RI	EFUNDING OF 2006 BONDS	3		x	x		
D Part II 1 Amo 2 Amo 3 Tota 4 Gros 5 Capi 6 Proc 7 Issua	Proceeds											2
Part II 1 Amo 2 Amo 3 Tota 4 Gros 5 Capi 6 Proc 7 Issue	Proceeds											
1 Amo 2 Amo 3 Tota 4 Gross 5 Capi 6 Proc 7 Issue	Proceeds											
 Amo Tota Gros Capi Proc Issua 												
 Amo Tota Gros Capi Proc Issua 					Α	В	(2			D	
 Amo Tota Gros Capi Proc Issua 	ount of bonds retired				935,792.	. 4,338,146.						
4 Gros5 Capi6 Proc7 Issua	ount of bonds legally defeased											
4 Gros5 Capi6 Proc7 Issua	I proceeds of issue				7,982,711.	. 12,025,000.						
5 Capi6 Proc7 Issua	ss proceeds in reserve funds											
7 Issua	italized interest from proceeds					160,000.						
7 Issua	eeds in refunding escrows											
	ance costs from proceeds				158,441							
8 Cred	lit enhancement from proceeds											
9 Worl	king capital expenditures from proceed	ds										
	ital expenditures from proceeds											
	er spent proceeds				7,824,070.	. 11,865,000.						
	er unspent proceeds				2011	2008						
	er unspent proceeds					2000						

	•	Yes	No	Yes	No	Yes	No	Yes	No
14	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					
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if								
	issued prior to 2018, an advance refunding issue)?		Х		x				
16	Has the final allocation of proceeds been made?	Х		Х					
17	Does the organization maintain adequate books and records to support the								
	final allocation of proceeds?	Х		Х					

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

Schedule K (Form 990) 2022



ഹ 74 **Open to Public**

Inspection Employer identification number Schedule K (Form 990) 2022

Pa	rt III Private Business Use G	ROUP 1							
			Α		В	(C	[)
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	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?		X		Х				
3a	Are there any management or service contracts that may result in private								
	business use of bond-financed property?		X		X				
k	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
C	: Are there any research agreements that may result in private business use of								
	bond-financed property?		X		X				
c	I If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
	outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities								
	other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5									
	result of unrelated trade or business activity carried on by your organization,		0/		0/		0/		0/
	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		X				
88	Has there been a sale or disposition of any of the bond-financed property to a		37		37				
	nongovernmental person other than a 501(c)(3) organization since the bonds were issued		X		X				
C	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations	, 	70		70		70		70
C	sections 1.141-12 and 1.145-2?								
9									
Ŭ	nongualified bonds of the issue are remediated in accordance with the								
	requirements under Regulations sections 1.141-12 and 1.145-2?	x		x					
Ра	rt IV Arbitrage				1 1		1		
			Α		В	(C	[)
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		Х	Х					
2									
a	Rebate not due yet?	Х							
	Exception to rebate?								
	No rebate due?			Х					
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed								
3	Is the bond issue a variable rate issue?		Х		Х				

Schedule K (Form 990) 2022

Page **2**

Schedule K (Form 990) 2022

Part IV Arbitrage (continued)	GROUP 1							
		Α	E	3	(C		D
4a Has the organization or the governmental issuer entered into a qual	fied Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		Х		Х				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		Х				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satis	fied?							
6 Were any gross proceeds invested beyond an available temporary period?								
7 Has the organization established written procedures to monitor								
requirements of section 148?	X		X					
Part V Procedures To Undertake Corrective Action								
		A	E	3	(<u> </u>		<u>D</u>
Has the organization established written procedures to ensure that violat	ons Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through								
voluntary closing agreement program if self-remediation isn't available ur								
applicable regulations?	X		Х					
Part VI Supplemental Information. Provide additional information for response	ses to question	ns on Sche	dule K. Se	e instructi	ons.			

Page **3**

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

Open to Public

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.

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

UNIVERSITY OF MOUNT UNION

34-0714687

Par	I lypes 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 det noncash contribu		
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household						
-	goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded		9	185,352.	AVERAGE STO	CK COS	ST
10	Securities - Closely held stock		-				
11	Securities - Partnership, LLC,						
••	or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation						
	contribution - Historic						
	structures						
14	Qualified conservation						
	contribution - Other						
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 ▶()						
28	Other ►(
29	Number of Forms 8283 received	by the orga	anization during the tax ye	ear for contributions for			
	which the organization completed F				29		
			-			Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through		
	28, that it must hold for at least the	nree years f	rom the date of the initial	contribution, and which is	sn't required		
	to be used for exempt purposes for	the entire h	olding period?			a	Х
b	If "Yes," describe the arrangement i	n Part II.					
31	Does the organization have a	gift accept	ance policy that require	es the review of any	nonstandard		
	contributions?					X	
32a	Does the organization hire or use						
	contributions?					a	X
b	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	ructions for For	m 990.		Schedule M (Form 990)) 2022

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)

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.



Department of the Treasury Internal Revenue Service

UNIVERSITY OF MOUNT UNION

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

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.



	Finite matter about Schedule O (1 offit 350 of 350-EZ) and its instructions is at www.in	inspection	
Name of the organization		Employer identification number	
UNIVERSITY OF MOUN	JT UNION	34-0714687	

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 \$798,143

Schedule O (Form 990 or 990-EZ) 2022		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 54 MAJORS AND 60 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.



Schedule O (Form 990 or 990-EZ) 2022	Page 2
Name of the organization	Employer identification number
UNIVERSITY OF MOUNT UNION	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 2022 YEAR, 873 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.

JSA 2E1228 1.000

Description of the 5 highest paid ind. contractors Image: And Address Description of services Compens ELLUCIAN COMPANY LP 4375 FAIRLAKE CRT FAIRFAX, VA 22033 SOFTWARE 514 RUFFALO NOEL LEVITZ P O BOX 718 DES MOINES, IA 50303 CONSULTANT 246 GREINER INTERIORS 12805 REEDER AVE ALLIANCE, OH 44601 PAINTING MISC 207 FORVIS, LLP 111 E. WAYNE ST. STE 600 ACCOUNTING 219 LEVEL MASONRY & CONCRETE LLC P O BOX 3519 ACCOUNTING 219	Employer identification number 34-0714687		ne of the organization
MME AND ADDRESS DESCRIPTION OF SERVICES COMPENS ELLUCIAN COMPANY LP 4375 FAIRLAKE CRT FAIRFAX, VA 22033 SOFTWARE 514 RUFFALO NOEL LEVITZ P O BOX 718 CONSULTANT 246 GREINER INTERIORS CONSULTANT 246 ILLIANCE, OH 44601 PAINTING MISC 207 FORVIS, LLP III E. WAYNE ST. STE 600 ACCOUNTING 219 LEVEL MASONRY & CONCRETE LLC P O BOX 3519 ACCOUNTING 219			
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111 E. WAYNE ST. STE 600 FORT WAYNE, IN 46802 ACCOUNTING 219 LEVEL MASONRY & CONCRETE LLC P O BOX 3519			RVIS, LLP
LEVEL MASONRY & CONCRETE LLC P O BOX 3519			
P O BOX 3519	219,	ACCOUNTING	RT WAYNE, IN 46802
			VEL MASONRY & CONCRETE LLC
ALLIANCE, OH 44601 CONCRETE INSTALLER 147			
	ALLER 147,	CONCRETE INSTAL	LIANCE, OH 44601
		*	

JSA

Schedule O (Form 990 or 990-EZ) 2022				Page 2
Name of the organization		Emp	loyer identification number	
UNIVERSITY OF MOUNT UNION		34	-0714687	
FORM 990, PART X - INVESTMENTS - PUB	LICLY TRADED SECURITIES			
DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV	
PUBLICLY TRADED SECURITIES	113,703,931.	122,563,533	B. FMV	
TOTALS			-	
	113,703,931.	122,563,533	3.	
			=	



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

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

(a) Name, address, and EIN (if applicable) of disregarded entity (b) Primary activity (c) Legal domicie (state or foreign country) Total income End-of-year assets (1)	(1) (Ied entity Primary activity Legal domicile (state or foreign country) Total income End-of-year assets Direct controlling entity	interview or foreign country) entity (1) interview interview entity (2) interview interview interview (3) interview interview interview (4) interview interview interview (5) interview interview interview (6) interview interview interview (6) interview interview interview (a) interview interview interview (a) interview interview interview									
(1) ((1) (image: constraint of the organization answered "Yes" on Form 990, Part IV, line 34, because it had ns during the tax year. (b) (c) (d) (e) (f) (g)	(1) Image: section of Related Tax-Exempt Organizations. Complete if the organization answerd "Yes" on Form 990, Part IV, time 34, because it had one or more related tax-exempt organizations. Complete if the organization answerd "Yes" on Form 990, Part IV, time 34, because it had one or more related tax-exempt organizations. Complete if the organization answerd "Yes" on Form 990, Part IV, time 34, because it had one or more related tax-exempt organizations. Complete if the organization answerd "Yes" on Form 990, Part IV, time 34, because it had one or more related tax-exempt organizations. Complete if the organization answerd "Yes" on Form 990, Part IV, time 34, because it had one or more related tax-exempt organizations. Complete if the organization answerd "Yes" on Form 990, Part IV, time 34, because it had one or more related tax-exempt organizations. Complete if the organization answerd "Yes" on Form 990, Part IV, time 34, because it had one or more related tax-exempt organizations. Complete if the organization answerd "Yes" on Form 990, Part IV, time 34, because it had one or more related tax-exempt organizations. Complete if the organization answerd "Yes" on Form 990, Part IV, time 34, because it had one or more related tax-exempt organizations. Complete if the organization answerd "Yes" on Form 990, Part IV, time 34, because it had one or more related tax-exempt organizations. Complete if the organization answerd "Yes" on Form 990, Part IV, time 34, because it had one or more related tax-exempt organization. (a) (b) (c) (d) (e) (f)			Р	(b) rimary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct cor enti	trolling
(3) Image: Constraint of the second sector of the sect	(3) (4) (5) (1) ((b) (c) (d) (e) (f) (g)	$ \begin{array}{ c c c c } \hline \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	(1)								
(4) Image: Constraint of the integration of the integrate of the integrate of the integrate of the integrate of the int	(4) (5) (6) (1) (1) (1) (1)	(b) (c) (d) (e) (f) (g)	(4) (a) (b) (c)	(2)								
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(6) Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because one or more related tax-exempt organizations during the tax year. (a) (b) (c) (d) (e) (f) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status	(6)	(b) (c) (d) (e) (f) (g)	(6) Identification of Related Tax-Exempt Organizations. Complete if the organization answer "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year (a) (b) (c) (d) (e) (f)	(4)				· · · · · · · · · · · · · · · · · · ·				
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(2)			(4) (4) <td>(2)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(2)								
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2022

		OMB	No.	1545-0047
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2022 Open to Public Inspection

Employer identification number 34-0714687

Part III	Identification of Rela because it had one or						on answered "Ye	es" on Forr	n 990, Part IV,	line	34,		
١	(a) lame, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514	(f) Share of to income	(g) tal Share of end-o year assets	f- (h) Disproportionate allocations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	j) eral or aging ner?	(k) Percenta owners	
(4)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Yes No		Yes	No		
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(2)		-											
(3)		-											
(4)		-											
(5)		-											
(6)		-											
(7)		-											
Part IV	Identification of Rela line 34, because it ha	ted Organization	s Taxabl	e as a Corporat	tion or Trust. Co	mplete if the c	organization answ	vered "Yes	" on Form 990), Pa	rt IV,		
	(a Name, address, and Elk)	lated org	(b) Primary a	(c)	(d) Direct controlling	(e) Type of entity (C corp, S corp, or trust)	(f) Share of to income	tal (g) Share of end-of-year as		(h) Percer owner	ship 512((i) ection (b)(13) trolled ntity?
(1) CHAR	ITABLE REMAINDER TRUSTS (8)											103	
1972 CLAI	RK AVE ALLIANCE, OH 44601			CHARITABLE	TR OH	N/A	TRUST						x
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													

Schedule R (Form 990) 2022

Page **2**

UNIVERSITY OF MOUNT UNION

Schedule R (Form 990) 2022

34-0714687

e Loans or loan guarantees by related organization(s) 1e f Dividends from related organization(s) 11 g Sale of assets to related organization(s) 1h i Exchange of assets with related organization(s) 1i j Lease of facilities, equipment, or other assets rolated organization(s) 1i j Lease of facilities, equipment, or other assets from related organization(s) 1i n Performance of services or membership or fundraising solicitations by related organization(s) 1i n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1i n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1i n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1i n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1ii n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1ii n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1ii n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1ii n Other transfer of cash or property to related organization(s) 1iii Name of related organization(s) 1iii
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Schedule R (Form 990) 2
Schedule K (Folin 990) 2
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2E1309 1.000 87

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

Part V

1

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

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

b Gift, grant, or capital contribution to related organization(s)

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

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?

Yes No

1a

1b

1c

Х

Х

Х

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	(e) Are all p secti 501(c organiza	on	(f) Share of total income	(g) Share of end-of-year assets	Dispro	(h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	man part	(j) eral or aging :ner?	(k) Percentag ownership
			from tax under sections 512 - 514)	Yes	No			Yes	No	(Yes	No	
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(2)													
(3)													
(4)													
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11)													
12)	_												
13)													
14)													
15)													
16)													

Schedule R (Form 990) 2022

Part VIISupplemental InformationProvide additional information for responses to questions on Schedule R. See instructions.



ESTIMATED TAX WORKSHEET FOR FORM 990-W

	2023 Estimated Tax	Α	
В.	Enter 100 % of Line A		
C.	Enter 100 % of tax on 2022 FORM 990-T		
	Required Annual Payment (Smaller of lines B or C)	D	
E.	Income tax withheld (if applicable)	Е	
F.	Balance (As rounded to the nearest multiple of)	F	3,300.

Record of Estimated Tax Payments										
Payment number	(a) Date	(b) Amount (c)	2022 overpayment credit applied	(d) Total amount paid and credited (add (b) and (c))						
1	10/15/2023	NONE	3,145.	3,145						
2	12/15/2023	NONE	3,145.	3,145						
3	03/15/2024	1,650.	3,145.	4,795						
4	06/15/2024	1,650.	3,146.	4,796						
Total		3,300.	12,581.	15,881						

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	E	empt Organization Bu				m	OMB No. 1545-0047
1 OIII	Form 990-1 (and proxy tax under section 6033(e)) For calendar year 2022 or other tax year beginning <u>07/01</u> , 2022, and ending <u>06/30</u> , 2022						o 23	2022
	tment of the Treasury		Go to www.irs.gov/Form990T for	r instructions	and the latest i	nformation.		Open to Public Inspection
Intern	al Revenue Service	Do	not enter SSN numbers on this form as it r					for 501(c)(3) Organizations Only
A	Check box if address changed.			•	nd see instructions	.)	•	
BEV	empt under section	Print	UNIVERSITY OF MOUNT UNI Number, street, and room or suite no. If a P.		ructions			0714687 o exemption number
	501(C)(3)	or	1972 CLARK AVE	.0. 00, 366 1130				nstructions)
	408(e) 220(e)	Туре	City or town, state or province, country, and	d ZIP or foreign p	ostal code			
	408A 530(a)		ALLIANCE, OH 44601	5 1			F	Check box if
			value of all assets at end of year			322392514	L	an amended return.
GC	heck organization t				401(a) trust	Other trus	t s	State college/university
_	heck if filing only to		Claim credit from Form 8941	·	()	shown on Form		
ΙC	heck if a 501(c)(3)	organiza	ion filing a consolidated return with a	a 501(c)(2) titlel	holding corporati	on		
			Schedules A (Form 990-T)					
			orporation a subsidiary in an affiliated					
			dentifying number of the parent corpora	• • •	,	0.		
	he books are in care		ATRICK D HEDDLESTON		Telephone	number 33	0-823-	-6572
		1	972 CLARK AVE					
		I	LLIANCE, OH 44601					
Pa	rt I Total Unre	lated E	usiness Taxable Income					
1	Total of unrelate	ed busir	ess taxable income computed from	m all unrela	ted trades or	businesses (s	ee	
	instructions)						1	74,012.
2	Reserved						2	
3	Add lines 1 and 2						3	74,012.
4	Charitable contrib	outions (s	ee instructions for limitation rules)		SEE STAT	rement 1	4	54.
5			xable income before net operating los					73,958.
6	Deduction for net	operatin	loss. See instructions		• • • • • • •		6	
7			ess taxable income before specifi					
								73,958.
8			lly \$1,000, but see instructions for exc					1,000.
9			ction. See instructions	-				
10			8 and 9					1,000.
11			ole income. Subtract line 10 from	i line 7. If li	ne 10 is grea	ater than line	-	
Pa							11	72,958.
Pa			orporations. Multiply Part I, line 11 by	(210/ (0.21)				15 201
1 2			rates. See instructions for tax co					15,321.
2	Part I, line 11 from	Г						
3		_						
3 4	•		tructions				·· <u>3</u>	
4 5			usts only).				. 5	
6		```	ty income. See instructions				. 6	
7	•		6 to line 1 or 2, whichever applies					15,321.
-			otice, see instructions.				/ /	Form 990-T (2022)

Form	990-T (2022)		34-071468	7 1	Page 2
Par	t III Tax and Payments				
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116).	1a			
b	Other credits (see instructions)	1b			
С	General business credit. Attach Form 3800 (see instructions)	1c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827).	1d			
е	Total credits. Add lines 1a through 1d		1e		
2	Subtract line 1e from Part II, line 7		2 1	5,3	21.
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). Check if includes tax previously d	deferred under			
	section 1294. Enter tax amount here		4 1	5,3	21.
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)		5		
6a	Payments: A 2021 overpayment credited to 2022	6a 2,082.			
b	2022 estimated tax payments. Check if section 643(g) election applies	6b 25,922.	<u>,</u>		
С	Tax deposited with Form 8868	6c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d			
е	Backup withholding (see instructions)	6e			
f	Credit for small employer health insurance premiums (attach Form 8941)	6f			
g	Other credits, adjustments, and payments: Form 2439				
	Form 4136 Other Total	6g			
7	Total payments. Add lines 6a through 6g		7 2		04.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	X	8	1	02.
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpai		10 1	2,5	81.
11		,581. Refunded	11		
Par	IV Statements Regarding Certain Activities and Other Info	ormation (see instruction	ns)		
1	At any time during the 2022 calendar year, did the organization have an in	-		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes,	, enter the name of the	foreign country		
	here				X
2	During the tax year, did the organization receive a distribution from, or was it the	e grantor of, or transferor to	, a foreign trust?		X
	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				
4	Enter available pre-2018 NOL carryovers here SNONE . Do not inclu	ude any post-2017 NOL carryo	over		
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover show	own here by any deducti	on reported on		
_	Part I, line 6.				
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available		s. Don't reduce		
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for th		101		
	Business Activity Code	Available post-2017	NOL carryover		
		_ \$			
	V	- ^Φ			
		- ^{\$}			
6-	Did the organization change its method of accounting? (see instructions)	\$			37
	If 6a is "Yes," has the organization described the change on Form 990,		11090 If "No."		X
u	explain in Part V.				
Par			•••••		<u> </u>

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign										chedules and stateme information of which p	reparer has	s any kno		
Here	Sign	ature of officer				Date		Title	9		with	the pre	eparer shown	
Daid		Print/Type prepa	irer's name			Preparer's	signature			Date	Check	if	PTIN	
Paid	~ "	LAUREN R	DENTON							02/19/2024	self-emp	oloyed	P015718	360
Prepar Use Or		Firm's name	FORVIS,	LLP							Firm's El	IN 44	4-016026	50
056 01	пу	Firm's address	111 E.	WAYNE	ST.,	SUITE	600, I	FORT	WAYNE	, IN 46802	Phone n	o. 260-	-460-400	0
JSA 2X2741 1.0	000												Form 990-	T (2022)

FORM 990-T, PAGE 1, PART I, LINE 4 DETAIL

CONTRIBUTION DEDUCTION	CASH CONTRIBUTION (CURRENT YEAR)	CASH CONTRIBUTION (ACCRUAL)
06/30/2022	54.	

SUBTOTAL CHARITABLE CONTRIBUTIONS	54.
TOTAL CHARITABLE CONTRIBUTIONS	54. ========
	- 4 - 4 - 4
TAXABLE INCOME FOR CHARITABLE CONTRIBUTION LIMITATION	74,012.
CHARITABLE CONTRIBUTION DEDUCTION LIMIT (10%)	7,401.
CHARITABLE CONTRIBUTION DEDUCTION	54.
	======

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. 1545-0047 \bigcirc

2

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

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) Organizations Only

22

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) Expense	es	(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 Schedule D (Form 1041 or					
	Form 1120)). See instructions.	4a	76,463.			76,463.
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	6,220.			6,220.
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)	9				
10	Exploited exempt activity income (Part VIII).	10				
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement)	12				
13		13	82,683.			82,683.
Par			nitations on deduct	ions. Deducti	ons n	nust be
	directly connected with the unrelated business incom					
1	Compensation of officers, directors, and trustees (Part X)				1	
2	Salaries and wages				2	
3	Repairs and maintenance Bad debts	• • •			3 4	
4 5	Interest (attach statement). See instructions				4 5	
5 6	Taxes and licenses				5 6	
7	Depreciation (attach Form 4562). See instructions				0	
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	8,671.
15	Total deductions. Add lines 1 through 14				15	8,671.
16	Unrelated business income before net operating loss deduction					
	column (C)				16	74,012.
17	Deduction for net operating loss. See instructions				17	
18	Unrelated business taxable income. Subtract line 17 from line				18	74,012.
For Pa	aperwork Reduction Act Notice, see instructions.				nedule	A (Form 990-T) 2022

	ule A (Form 990-T) 2022				Page 2
Par	t III Cost of Goods Sold	Enter method of inven	tory valuation		
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor				
4	Additional section 263A costs (attach statement	t)		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 t				Yes No
Par 1	IV Rent Income (From Real Propert Description of property (property street address, A B C D				
		Α	В	C	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit or				
	income)			*	
C	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c of	columns A through D. Er	nter here and on Part I,	line 6, column (A)	
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through	D. Enter here and on Part	t I, line 6, column (B)		
			\$		
Par				· , ,:	
1	Description of debt-financed property (street ad	dress, city, state, ZIP code)	. Check if a dual-use. See	Instructions.	
	A				
	C				
	D	Α	В	с	D
2	Gross income from or allocable to debt-financed		D		<u> </u>
2	property				
3	Deductions directly connected with or allocable				
	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				
8	Total gross income (add line 7, columns A thro	ugh D). Enter here and on	Part I, line 7, column (A) <u>.</u>		
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, colu	mns A through D. Ente	r here and on Part I, I	ine 7, column (B)	
11	Total dividends - received deductions included	in line 10	<u></u>	<u></u>	
JSA				Sche	edule A (Form 990-T) 2022

Sched	ule A (Form 990-T) 2022					Page 3
Par	t VI Interest, Ann	nuities, Roy	alties, and Rents	s from Controlled Organ	nizations (see instructions)	
				Exempt Co	ontrolled Organizations	
1. Name of controlled organization		2. Employed identification number		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
(1)						
(2)						
(3)						
(4)						
			Nonexe	empt Controlled Organization	ons	
	7. Taxable income		8. Net unrelated income (loss) see instructions)	9. 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
(1)						
(2)						
(3)						
(4)						
Total	2				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)
Part	s VIII Investment I			(7), (9), or (17) Organiz	ation (see instructions)	
	1. Description of income		Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)						
(2)					·	
(3)						
(4)						
		Ente	amounts in column 2. er here and on Part I, ne 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
	S		ity Income Oth	er Than Advertising Inco	ma (as a instructions)	
Fart 1			nty income, our	er man Auvertising inco		
2	Description of exploit		from trade or bue	iness. Enter here and on F	Part I line 10 column (A)	2
2				nrelated business income.	· · ·	2
5	line 10, column (B)					3
4				s. Subtract line 3 from lir	ne 2 If a gain complete	
•	lines 5 through 7					4
5	0			s income		5
6		2				6
7	•			6, but do not enter more	e than the amount on line	
•	• •		•			7
						· · · ·

Schedule A (Form 990-T) 2022

Part IX Advertising Income 1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis. A
A B B C D C Enter amounts for each periodical listed above in the corresponding column. A B C
B C D Enter amounts for each periodical listed above in the corresponding column. A B C D
C D D D Enter amounts for each periodical listed above in the corresponding column. A B C D
D
Enter amounts for each periodical listed above in the corresponding column. A B C D
A B C D
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 total or zero here and on
Part II, line 13
Part X Compensation of Officers, Directors, and Trustees (see instructions)
3. Percentage 4. Compensation
1. Name 2. Title of time devoted attributable to
to business unrelated busines
(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		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	2,359. 1,181. 8,973. 653.	6,345. 601.	2,359. 1,181. 8,973. -6,345. 653. -601.
TOTAL INCOME (LOSS) FROM PARTNERSHIPS AND/OR	S CORPORATIONS	===	6,220.

SCHEDULE A:INVESTMENTS PART II - LINE 14 - OTHER DEDUCTIONS ====================================	
TAX PREP FEES INVESTMENT MANAGEMENT FEES	2,150. 6,521.
TOTAL OTHER DEDUCTIONS	8,671.



STATEMENT 2

SCHED	DULE D
(Form	1120)

Capital Gains and Losses

OMB No. 1545-0123

2022

Department of the Treasury Internal Revenue Service 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.

Name					Employ	er identificati	on number	
UNIVERSITY OF MOUNT UNION						34-0714687		
Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?						Yes	X No	
lf "Ye	s," attach Form 8949 and see its instructions fo			your gain or los	SS.			
Part	I Short-Term Capital Gains and Losses	- Assets Held On	e Year or Less			-		
	See instructions for how to figure the amounts to enter on the lines below.	(d)	(e)	(g) Adjustments or loss from For		(h) Gain or	(loss) lumn (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, lin	• •	column (d)	and combine	
	whole dollars.			column (g)		the result w	ith column (g)	
Id	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for							
	which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949,							
	leave this line blank and go to line 1b							
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			•				
Ŭ	with Box C checked	1,559.					1,559.	
		1,000.					1,0001	
4	Short-term capital gain from installment sales from F	-orm 6252, line 26 or 37			4			
5	Short-term capital gain or (loss) from like-kind exchar	nges from Form 8824		•	5			
6	Unused capital loss carryover (attach computation)				6	(
	Net short-term capital gain or (loss). Combine lines 1				7		1,559.	
Part		- Assets Held Mo	re Inan One Yea		to noin	(h) Coin or	(1000)	
	See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments or loss from For		(h) Gain or (Subtract co	lumn (e) from	
	This form may be easier to complete if you round off cents to	(sales price)	(or other basis)	8949, Part II, lir	ne 2,		and combine	
8a	whole dollars. Totals for all long-term transactions reported on Form			column (g)		the result w	ith column (g)	
	1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However,							
	if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b							
8b	Totals for all transactions reported on Form(s) 8949							
	with Box D checked	Ť						
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	54,712.					54,712.	
11	Enter gain from Form 4797, line 7 or 9				11		20,192.	
40	Long term conital gain from installment calco from 5	orm 6252 line 26 er 27			40			
12	Long-term capital gain from installment sales from F				12			
13	Long-term capital gain or (loss) from like-kind exchan	ides 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	<u></u>	15		74,904.	
Part	Summary of Parts I and II							
16	Enter excess of net short-term capital gain (line 7) or	ver net long-term capital	loss (line 15)		16		1,559.	
			4 - k - at 4 - au	(!				
4-	17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)				17	1	74,904.	
							•	
17 18	Net capital gain. Enter excess of net long-term capit Add lines 16 and 17. Enter here and on Form 1120, Note: If losses exceed gains, see <i>Capital Losses</i> in the	, page 1, line 8, or the a			18		76,463.	

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orm	\mathbf{n}	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.

Attachme File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Sequence No. 12A

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

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	Cost or other basis See the Note below	If you enter an a enter a co	any, to gain or loss amount in column (g), de in column (f). arate instructions.	Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see <i>Column (e)</i> in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
ST GAINS	VAR	VAR	1,559.				1,559.
				Í			
	4						
2 Totals. Add the amounts in column negative amounts). Enter each tot Schedule D, line 1b (if Box A abov above is checked), or line 3 (if Box C a	al here and inc e is checked), lin	lude on your e 2 (if Box B	1,559.				1,559.

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.

31619H D320

OMB No. 1545-0074

Form 8949	(2022)
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Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

34-0714687

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.

Part II

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

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

1 (a) Description of property	(b) (c) Date acquired disposed of		Proceeds Se	(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) from column (d) and	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	(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 GAINS	VAR	VAR	54,712.				54,712.
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	here and incluis checked), line	ude on your 9 (if Box E	54,712.				54,712.

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.

Underpayment of Estimate	d Tax by	Corporations
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OMB No. 1545-0123

Department of the Treasury Internal Revenue Service Name

Form **22**

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	Required Annual Payment		
1	Total tax (see instructions)	1	15,321.
2a b	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1		
c d	Credit for federal tax paid on fuels (see instructions)	2d	
3	Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3	15,321.
4	Enter the tax shown on the corporation's 2021 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	26,784.
5	Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3		15,321.
Par	Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the	ес	propration must file

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

6	The corporation is using the adjusted seasonal installment method.
7	The corporation is using the annualized income installment method.
8	The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.
Part	Figuring the Underpayment

			(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	11/15/2022	12/15/2022	03/15/2023	06/15/2023
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	3,830.	3,830.	3,830.	3,831.
11	Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions Complete lines 12 through 18 of one column	11	2,082.		18,926.	6,996.
	before going to the next column.					
12	0 0	12				9,518.
13	Add lines 11 and 12	13			18,926.	16,514.
14	Add amounts on lines 16 and 17 of the preceding column	14		1,748.	5,578.	
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	2,082.		13,348.	16,514.
16	If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		1,748.		
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 line 18	17	1,748.	3,830.		
18	Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column				9,518.	

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 owed.

For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2022)

 9 Enter the date of payment or the 15h day of the 4th month after the close of the tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Some instructions ,				(a)		(b)	(c)	(d)
Number of days from due date of installment on line 9 to the date shown on line 19	ti V ir	he close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month nstead of 4th month. Form 990-PF and Form 990-T filers: Use	19					
date shown on line 19 20 1 Number of days on line 20 after 4/15/2022 and before 7/1/2022 21 21 Underpayment on line 17 x Number of days on line 21 x 4% (0.04) 365 22 \$ \$ Number of days on line 20 after 6/30/2022 and before 10/1/2022 23 24 \$ \$ Underpayment on line 17 x Number of days on line 20 after 6/30/2022 and before 11/1/2023 24 \$ \$ \$ Number of days on line 20 after 9/30/2022 and before 11/1/2023 24 \$ \$ \$ \$ Underpayment on line 17 x Number of days on line 20 after 12/31/2022 and before 11/1/2023 26 \$ \$ \$ Underpayment on line 17 x Number of days on line 27 x 7% (0.07) 365 36 \$ \$ \$ Number of days on line 20 after 6/30/2023 and before 10/1/2023 28 \$ \$ \$ Underpayment on line 17 x Number of days on line 29 x *% 365 30 \$ \$ \$ 30 \$ \$ \$ \$ \$ \$ Underpayment on line 17 x Number of days on line 39 x *% 365 31 I I 1 Inderpayment on line 17 x Number of days on line 33 x *% 365 \$ \$ \$ 23 \$ \$ <td< td=""><td></td><td>,</td><td>10</td><td></td><td></td><td></td><td></td><td></td></td<>		,	10					
Underpayment on line 17 xNumber of days on line 21 x 4% (0.04)22\$\$\$\$Number of days on line 20 after 6/30/2022 and before 10/1/202224\$\$\$Underpayment on line 17 xNumber of days on line 23 x 5% (0.05) 365365\$\$\$Number of days on line 20 after 9/30/2022 and before 1/1/202324\$\$\$\$Underpayment on line 17 xNumber of days on line 25 x 6% (0.06) 365365\$\$\$Number of days on line 20 after 12/31/2022 and before 4/1/202326\$\$\$\$Underpayment on line 17 xNumber of days on line 27 365x 7% (0.07) 36528\$\$\$Number of days on line 20 after 3/31/2023 and before 7/1/20232929292929Underpayment on line 17 xNumber of days on line 29 x *% 36530\$\$\$\$Number of days on line 20 after 6/30/2023 and before 10/1/20233131313131Underpayment on line 17 xNumber of days on line 31 x *% 36532\$\$\$\$Number of days on line 20 after 9/30/2023 and before 3/13/202434\$\$\$\$Underpayment on line 17 xNumber of days on line 33 x *% 36534\$\$\$\$Number of days on line 20 after 12/31/2023 mobelore 3/13/202434\$\$\$\$Underpayment on line 17 xNumber of days on line 33 x *% 36534<			20					
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24 \$ \$ \$ \$ Number of days on line 20 after 9/30/2022 and before 1/1/2023 SEE PENAL TY COMPUTATION WHITE PAPER 25 STATEMENT 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ιL	Inderpayment on line 17 x Number of days on line 21 x 4% (0.04) 365	22	\$	\$		\$	\$
Number of days on line 20 after 9/30/2022 and before 1/1/2023 Underpayment on line 17 x Number of days on line 25 x 6% (0.06) 365 Number of days on line 20 after 12/31/2022 and before 4/1/2023 Underpayment on line 17 x Number of days on line 27 x 7% (0.07) 365 Number of days on line 20 after 3/31/2023 and before 7/1/2023 Underpayment on line 17 x Number of days on line 29 x *% 365 Number of days on line 20 after 6/30/2023 and before 10/1/2023 Underpayment on line 17 x Number of days on line 31 x *% 365 Number of days on line 20 after 9/30/2023 and before 10/1/2023 Underpayment on line 17 x Number of days on line 31 x *% 365 Number of days on line 20 after 1/1/2023 Underpayment on line 17 x Number of days on line 33 x *% 365 Number of days on line 20 after 1/1/2024 Underpayment on line 17 x Number of days on line 33 x *% 365 Number of days on line 20 after 1/1/2024 34 Underpayment on line 17 x Number of days on line 33 x *% 365 Number of days on line 20 after 1/3/1/2023 and before 3/16/2024 35 Number of days on line 20 after 1/3/1/2023 and before 3/16/2024 35 Underpayment on line 17 x Number of days on line 33 x *% 365 36 \$ \$ N	N	Number of days on line 20 after 6/30/2022 and before 10/1/2022	23					
Number of days on line 20 after 9/30/2022 and before 1/1/2023 Underpayment on line 17 x Number of days on line 25 x 6% (0.06) 365 Number of days on line 20 after 12/31/2022 and before 4/1/2023 Underpayment on line 17 x Number of days on line 27 x 7% (0.07) 365 Number of days on line 20 after 3/31/2023 and before 7/1/2023 Underpayment on line 17 x Number of days on line 29 x *% 365 Number of days on line 20 after 6/30/2023 and before 10/1/2023 Underpayment on line 17 x Number of days on line 31 x *% 365 Number of days on line 20 after 9/30/2023 and before 10/1/2023 Underpayment on line 17 x Number of days on line 31 x *% 365 Number of days on line 20 after 12/31/2023 and before 3/16/2024 Underpayment on line 17 x Number of days on line 33 x *% 365 Number of days on line 20 after 12/31/2023 and before 3/16/2024 Underpayment on line 17 x Number of days on line 33 x *% 365 Number of days on line 20 after 12/31/2023 and before 3/16/2024 Underpayment on line 17 x Number of days on line 33 x *% 365 Number of days on line 20 after 12/31/2023 and before 3/16/2024 Underpayment on line 17 x Number of days on line 33 x *% 365 Number of days on line 20 after 12/31/2023 and before 3/16/2024 Underpayment on line 17 x <	ι	Inderpayment on line 17 x $\frac{\text{Number of days on line 23}}{365}$ x 5% (0.05)	24		'		1	1
2Number of days on line 20 after 12/31/2022 and before 4/1/2023274Underpayment on line 17 xNumber of days on line 27 x 7% (0.07) 36528\$\$9Number of days on line 20 after 3/31/2023 and before 7/1/2023299Underpayment on line 17 xNumber of days on line 29 x *% 36530\$\$9Number of days on line 20 after 6/30/2023 and before 10/1/202430\$\$9Underpayment on line 17 xNumber of days on line 31 x *% 36532\$\$9Number of days on line 20 after 9/30/2023 and before 1/1/2024339Underpayment on line 17 xNumber of days on line 33 x *% 36534\$\$9Number of days on line 20 after 12/31/2023 and before 3/16/202434\$\$9S\$\$\$\$9S\$\$\$9S\$\$\$9S\$\$\$9S\$\$\$9S\$\$\$9S\$\$\$9S\$\$\$9S\$\$\$9S\$\$\$9S\$\$\$9S\$\$\$9S\$\$\$9S\$\$\$9S\$\$\$9S <td></td> <td></td> <td>25</td> <td></td> <td></td> <td>COMPUTA</td> <td>TION WHITE</td> <td>PAPER DETA</td>			25			COMPUTA	TION WHITE	PAPER DETA
Image: Number of days on line 20 after 12/31/2022 and before 4/1/2023Image: Number of days on line 17 xNumber of days on line 27 x 7% (0.07) 365 Image: Number of days on line 20 after 3/31/2023 and before 7/1/2023Image: Number of days on line 20 after 3/31/2023 and before 7/1/2023Image: Number of days on line 20 after 3/31/2023 and before 10/1/2023Image: Number of days on line 29 x *% 365 Image: Number of days on line 20 after 6/30/2023 and before 10/1/2023Image: Number of days on line 20 after 6/30/2023 and before 10/1/2023Image: Number of days on line 20 after 6/30/2023 and before 10/1/2023Image: Number of days on line 20 after 9/30/2023 and before 1/1/2024Image: Number of days on line 20 after 9/30/2023 and before 1/1/2024Image: Number of days on line 20 after 12/31/2023 and before 3/16/2024Image: Number of days on line 20 after 12/31/2023 and before 3/16/2024Image: Number of days on line 20 after 12/31/2023 and before 3/16/2024Image: Number of days on line 20 after 12/31/2023 and before 3/16/2024Image: Number of days on line 20 after 12/31/2023 and before 3/16/2024Image: Number of days on line 20 after 12/31/2023 and before 3/16/2024Image: Number of days on line 20 after 12/31/2023 and before 3/16/2024Image: Number of days on line 20 after 12/31/2023 and before 3/16/2024Image: Number of days on line 20 after 12/31/2023 and before 3/16/2024Image: Number of days on line 20 after 12/31/2023 and before 3/16/2024Image: Number of days on line 20 after 12/31/2023 and before 3/16/2024Image: Number of days on line 20 after 12/31/2023 and before 3/16/2024Image: Number of days on line 33 x *% SImage: Number of days on line 35 x *%Image: Number of days on line 35 x *%Image: Number of days on	ιL	Inderpayment on line 17 x Number of days on line 25 x 6% (0.06)	26	\$	\$		\$	\$
Number of days on line 20 after 3/31/2023 and before 7/1/2023 29			27					
Underpayment on line $17 \times \frac{\text{Number of days on line 29}}{365} \times \frac{30}{5} \times \frac{5}{5} \times \frac{5}{5}$ Number of days on line 20 after 6/30/2023 and before 10/1/20232230303030303030303030303131323334353536537383939393939393030313233343536363637383939393939<	; L	Inderpayment on line 17 x $\frac{\text{Number of days on line 27}}{365}$ x 7% (0.07)	28	\$	\$		\$	\$
Number of days on line 20 after 6/30/2023 and before 10/1/2023 31 Image: Underpayment on line 17 x Number of days on line 31 x *% 365 32 \$ \$ \$ \$ Image: Wight of days on line 20 after 9/30/2023 and before 1/1/2024 33 31 Image: Wight of days on line 33 x *% 365 34 \$ \$ \$ \$ Image: Wight of days on line 20 after 12/31/2023 and before 3/16/2024 33 Image: Wight of days on line 35 x *% 36 34 \$ \$ \$ \$ Image: Wight of days on line 17 x Number of days on line 31/16/2024 35 Image: Wight of days on line 35 x *% 36 \$ \$ \$ Image: Wight of days on line 17 x Number of days on line 35 x *% 36 36 \$ \$ \$ \$ \$) N	Number of days on line 20 after 3/31/2023 and before 7/1/2023	29					
Provide the second s) L	Inderpayment on line 17 x $\frac{\text{Number of days on line 29}}{365}$ x *%	30	\$	\$		\$	\$
33 4 Underpayment on line 17 x Number of days on line 33 365 365 365 365 365 365 365 365 365 37 38 39 30 31 32 33 34 \$ \$ <tr< td=""><td>Ν</td><td>Number of days on line 20 after 6/30/2023 and before 10/1/2023</td><td>31</td><td></td><td></td><td></td><td></td><td></td></tr<>	Ν	Number of days on line 20 after 6/30/2023 and before 10/1/2023	31					
Underpayment on line 17 x Number of days on line 33 x *% 34 \$ \$ \$ \$ \$ Number of days on line 20 after 12/31/2023 and before 3/16/2024 35 36 \$ \$ \$ Underpayment on line 17 x Number of days on line 35 x *% 36 \$ \$ \$ \$ \$	ι	Inderpayment on line 17 x $\frac{\text{Number of days on line 31}}{365}$ x *%	32	\$	\$		\$	\$
365 35 Number of days on line 20 after 12/31/2023 and before 3/16/2024 35 Underpayment on line 17 x Number of days on line 35 x *% 36 \$	Ν	Number of days on line 20 after 9/30/2023 and before 1/1/2024	33					
Underpayment on line 17 x Number of days on line 35 x *% 36 \$ \$	ι	Jnderpayment on line 17 x <u>Number of days on line 33</u> x *% 365	34	\$	\$		\$	\$
Underpayment on line 17 x Number of days on line 35 x *% 366 \$ \$ \$	Ν	Number of days on line 20 after 12/31/2023 and before 3/16/2024	35					
	ι	Inderpayment on line 17 x $\frac{\text{Number of days on line 35}}{366}$ x *%	36	\$	\$		\$	\$
Add lines 22, 24, 26, 28, 30, 32, 34, and 36 37 \$ \$ \$	A	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$		\$	\$

*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. 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** (2022)

JSA

PENALTY COMPUTATION DETAIL - FORM 2220

DATE PD UN	IDERPAYMENT	BEG.DATE	END DATE	DAYS	o/o 	PENALTY
QUARTER 1, RATE	PERIOD 1 (11	1/15/2022 -	12/31/2022)			
	1,748.	11/15/2022	12/31/2022	46	6	13.
TOTAL FC	R QUARTER 1	, RATE PERIO	D 1			13.
QUARTER 1, RATE	PERIOD 2 (12	2/31/2022 -	11/15/2023)			
03/15/2023	1,748.	12/31/2022	03/15/2023	74	7	25.
TOTAL FC	OR QUARTER 1	, RATE PERIO	D 2			25.
QUARTER 2, RATE	PERIOD 1 (12	2/15/2022 -	12/31/2022)			========
	3,830.	12/15/2022	12/31/2022	16	6	10.
TOTAL FO	R QUARTER 2	, RATE PERIO	D 1			10.
QUARTER 2, RATE	PERIOD 2 (12	2/31/2022 -	11/15/2023)			=======
=======================================	3,830.	12/31/2022	03/15/2023	74	7	54.
TOTAL FC	OR QUARTER 2	, RATE PERIO	D 2			 54.
						========
TOTAL UNDERPAYME	NT PENALTY					102.

STATEMENT 2

Depa	n 4797	Go	(Also Involu Ur	untary Conve nder Section Attach to	s 179 and 280	capture Amount F(b)(2))			OMB No. 1545-0184
-	nal Revenue Service ne(s) shown on returr		to www.ns.got	// 0////4/9/10			mation.	Identify	/ing number
	()		NT					-	-
	IVERSITY OF N a Enter the gross pr			- reported to y	ou for 2022 on E	orm(a) 1000 P or (1000 8 /0)714687
10	substitute statemen		-	• •		. ,	•		
	b Enter the total am								
	MACRS assets Enter the total amo	unt of loss that	t vou are includir	na on lines 2 a	nd 10 due to the r	nartial dispositions	of MACRS		
	assets		•	-					
Pa						nd Involuntary C			om Other
		-	• •			(see instruction			
		,		,, ,		(e) Depreciation	(f) Cost	or other	
2	(a) Descript		(b) Date acquired (mo., day, yr.)	(c) Date sold	(d) Gross	allowed or	basis,		(g) Gain or (loss) Subtract (f) from the
	of propert	y	(mo., day, yr.)	(mo., day, yr.)	sales price	allowable since acquisition	improvem expense		sum of (d) and (e)
	SEE STATEM	ENT 1							20,192.
									20,222
3	Gain, if any, from F	orm 4684, line 3	9					. 3	
4	Section 1231 gain								
5	Section 1231 gain								
6	Gain, if any, from li								
7									20,192.
	Partnerships and S	-							
	line 10, or Form 112		· ·						
	Individuals, partne from line 7 on line 1231 losses, or the Schedule D filed wit	11 below and y were recaptur	skip lines 8 and ed 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	section 1231 lo	sses from prior ye	ars. See instruct	ions			. 8	
9	Subtract line 8 fror	n line 7. If zero	or less, enter -0	If line 9 is zero	enter the gain fro	om line 7 on line 1	2 below. If		
•	line 9 is more than								
	capital gain on the								
Pa	art II Ordinary	Gains and Lo	sses (see ins	structions)					
10	Ordinary gains and	losses not inclu	ided on lines 11	through 16 (inclu	ude property held 1 y	/ear or less):			
_									
_									
11	Loss, if any, from lir	e 7						. 11	()
12	Gain, if any, from li	ne 7 or amount	from line 8, if appl	licable				. 12	
13	Gain, if any, from lir	ne 31						13	
14	Net gain or (loss) fi	om Form 4684,	lines 31 and 38a					. 14	
15	Ordinary gain from	installment sale	es from Form 625	2, line 25 or 36				. 15	
16	Ordinary gain or (Ic	ss) from like-kin	d exchanges from	Form 8824 .				. 16	
17	Combine lines 10 t	nrough 16						. 17	
18	For all except indivi a and b below. For i				the appropriate line	e of your return and	I skip lines		
	If the loss on line 1				n (b)(ii) enter that	part of the loss here	Enter the		
ć	loss from income-pi				()()	•			
	an employee.) Ident	- · ·					-		
k	Redetermine the g							-	
_	(Form 1040), Part I,							. 18b	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2022)

Form 4797 (2022)			34	-0714687	Page 2
Part III Gain From Disposit (see instructions)	ion of Property Un	der Sections 124	5, 1250, 1252, <i>1</i>		
19 (a) Description of section 1245,	1250, 1252, 1254, or 12	55 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
Α					
В					
C					
D			1		
		Property A	Property B	Property C	Property D
These columns relate to the properties o	n lines 19A through 19D.				
20 Gross sales price (Note: See line 1	before completing.) 20				
21 Cost or other basis plus expense of					
22 Depreciation (or depletion) allowed					
23 Adjusted basis. Subtract line 22 f	rom line 21 23				
24 Total gain. Subtract line 23 from	line 20 24				
25 If section 1245 property:	20				
a Depreciation allowed or allowable	e from line 22 25a				
b Enter the smaller of line 24 or 25a					
26 If section 1250 property: If straight used, enter -0- on line 26g, except for to section 291.	ine depreciation was				
a Additional depreciation after 197	5. See instructions . 26a				
b Applicable percentage multiplied	by the smaller of				
line 24 or line 26a. See instruction	ns 26b				
c Subtract line 26a from line 24. If resid	lential rental property			*	
or line 24 isn't more than line 26a, sk	p lines 26d and 26e . 26c				
d Additional depreciation after 196	9 and before 1976 . 26d				
e Enter the smaller of line 26c or 26					
f Section 291 amount (corporation	• •				
g Add lines 26b, 26e, and 26f 27 If section 1252 property: Skip this					
dispose of farmland or if this form for a partnership.	is being completed				
a Soil, water, and land clearing expe					
b Line 27a multiplied by applicable perce					
c Enter the smaller of line 24 or 27 28 If section 1254 property:	b				
 a Intangible drilling and development co- for development of mines and other na mining exploration costs, and depletion 	tural deposits,				
b Enter the smaller of line 24 or 28	a				
29 If section 1255 property:					
a Applicable percentage of paymen	ts excluded from				
income under section 126. See ir	structions 29a				
b Enter the smaller of line 24 or 29					
Summary of Part III Gains. Co	omplete property co	lumns A through	D through line 2	9b before going to li	ne 30.
30 Total gains for all properties. Add					
31 Add property columns A through					
32 Subtract line 31 from line 30. Er	•				
other than casualty or theft on Fo	orm 4797, line 6	0 and 0005(h)(0)	When Dusings		
Part IV Recapture Amounts (see instructions)	Under Sections 1/	9 and 280F(D)(2)	when Busines	ops to 50% د use ال	o of Less
				(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction of	r depreciation allowable i	n prior years		3	
34 Recomputed depreciation. See in	structions			4	

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** (2022)

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
231 GAINS	VAR	VAR	20,192.			20,192
otals						20,192

108